A Lecture

INTRODUCTORY TO A COURSE

ON THE

PRINCIPLES AND PRACTICE OF MEDICINE:

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(*Concluded from page 487.*)

ONE result of modern improvements in the means of diagnosis and of our increased knowledge of the causes of disease has been, that in the treatment of disease drugs are given more sparingly, with a more definite object, and with a truer aim than heretofore. We have learnt that there are not a few diseases, and many minor ailments, which may as easily and as successfully be treated without drugs as with them if we could but persuade our patients to avoid the exciting causes of disease, and thus, while trusting more to the unaided powers of nature, to put less confidence in the customary draughts of physic. With reference to this subject and the practical difficulties attending it, I venture to borrow the following remarks from the pen of Dr. Latham. He says: "The lowest office of medicine is to minister to mere ailments; and this is most effectually done by telling people what in their ordinary mode of living is injurious, and warning them against it. But inasmuch as injurious things are commonly very pleasant things, people are reluctant to leave them off at our mere bidding. Hence in this, which is their humblest province, small credit, upon the whole, has been gained by the best physicians. The advice they have to give is much too simple for the world to accept upon the credit and character of well-instructed and honest men. It needs to be enforced, not by the art which they *do* practise, but by the mystery which they do *not*. For no sooner does the same recommendation of abstinence from what is injurious gain the help which it needs from the mystery of homœopathy (a mere name, importing the discovery of something unintelligible, and importing it for the popular enlightenment in Greek) than compliance becomes easy, cures multiply, fame vociferates, the glory is great, and great, too, is the emolument."*

With regard to the subject of homœopathy, it will not, I think, be out of place if I make a few additional remarks. You probably are aware that the so-called homœopathic system professes to be based on two main dogmas. 1st. Like is cured by like—*similia similibus curantur*. A disease is to be cured by a medicine which has the power to produce the same or a similar disease in a healthy person. Quinine, therefore, should excite the symptoms of ague; and iodide of potassium should cause inflammatory nodes on the bones. Neither of these medicines, however, will produce any such result; and the dogma in question is an absurd delusion which has no foundation in nature or in fact. 2nd. Medicines are to be given in infinitesimal doses, so that their effects may quickly cease when the disease has been subdued. This is so palpably absurd that many homœopaths have abandoned it. "There are men of high dilutions, men of low dilutions, and men of no dilutions at all," according to Mr. J. Garth Wilkinson. Probably many homœopathic practitioners now give as large doses as those who do not profess that system.

It is not without interest to inquire why it is that homœopathy has met with any degree of success. 1st. We know that many acute diseases run a definite course, and have a tendency to end in recovery without artificial aid—e. g., measles, scarlatina, typhus and typhoid fever, small-pox, pneumonia, cholera, &c. It is not quite the whole truth which is contained in the satirical observation, that "the chief business of the physician is to amuse the patient while nature performs the cure;" but it cannot be denied that we often get credit for cures to which we have contributed very little, and which by our indiscreet meddling we may sometimes have hindered. Now the non-professional public know nothing of the *vis medicatrix naturæ;* and indeed, if we may judge from some leading articles which appeared not long since in one of the medical journals—articles in which a feeble attempt was made to ridicule the idea of a curative effort of nature,—some even of those who profess to guide professional opinion have but a dim appreciation of that wonderful power, with which the physician, no less than the surgeon, must constantly co-operate: the power which cures a fever or an inflamed lung, as surely as it heals a wound or mends a broken bone. Of this power, often too little appreciated even by ourselves, the public know absolutely nothing. And this is partly our own fault. Our patients have been educated in the belief that medicines are all-powerful, and that the favourable result of a disease is simply and solely attributable to the treatment employed. The practice of charging for medicines in place of, or in addition to attendance and advice, has helped to perpetuate this notion of the great and essential efficacy of physic; and the result has been that homœopathic globules have often, and quite naturally, obtained the credit for cures which have been simply cases of spontaneous recovery. This, then, is one source of the success of homœopathy. 2nd. Another important consideration is this: that patients have often had recourse to the globules of the homœopath because they have been disgusted by the abundant and nauseous doses of legitimate physic. It is unquestionable that polypharmacy has been a great evil. Drugs have been given with a recklessness and a want of discrimination which have often been injurious to our patients, and which have reflected discredit upon ourselves. This much may, I think, be conceded to the followers of Hahnemann: they have unintentionally helped to teach us that drugs, valuable as they are when discreetly used, are not quite so essential for the cure of all diseases as they were formerly supposed to be.

Dr. John Brown, in his delightful book "Horæ Subsecivæ," gives the following instructive case:—Many years ago, a countryman called on a physician in York. He was in the depths of dyspeptic despair, as often happens with the chawbacons. The doctor gave him some plain advice as to his food, making a thorough change, and ended by writing a prescription for some tonic, saying, "Take *that*, and come back in a fortnight." In ten days Giles came in, blooming and happy, quite well. The doctor was delighted, and not a little proud of his skill. He asked to see what he had given him. Giles said he hadn't got it. "Where was it?" "I took it, sir." "Took it! What have you done with the prescription?" "I *ate* it, sir. You told me to *take* it!"

The author adds: "I once told this little story to a homœopathic friend, adding, 'Perhaps you think the iron in the ink may be credited with the cure?' 'Well,' said my much-believing friend, 'there is no saying. Perhaps it may have contributed to the cure.'"

A good illustration this of the importance of diet, and of the homœopath's credulity in the matter of infinitesimal doses. A good illustration, too, of this important principle of therapeutics, that to discover and then to avoid the cause of a disease is a better and a more successful practice than to prescribe remedies for symptoms.

There is yet another subject to which I desire to make a brief allusion before I conclude, and that is *the influence of theory upon the practice of medicine*. Ought theory to have any influence upon the treatment of disease? Whatever answer may be given to this question, it is an undoubted fact that medical theories always have had, and probably always will have, a powerful influence upon medical practice. The ultimate appeal in all questions of treatment must be to the results of experience. That alone can decide what any treatment is worth; but even in estimating the results of treatment the judgment may be perverted by the influence of a prevailing theory. To illustrate this by reference to the terrible disease which has lately occupied so much of our attention. If a practitioner hold the theory that the symptoms of choleraic collapse are mainly due to a drain of fluid from the blood by the digestive canal, he will endeavour to arrest that drain by opiates and other astringents, and he will be hard to convince that any bad symptoms which follow that arrest are caused by the repressive action of his drugs; yet it may be a fact that very mischievous results are directly due to this method of treatment.

The history of the influence of medical theories upon medical practice is a deeply interesting and, in many respects, a very painful one. The instances are not few in which it is manifest that an injurious method of treatment was suggested by an erroneous theory, and continued in spite of its ill-effects. To refer to one or two notorious instances.

Up to the time of Sydenham—i. e., about 200 years ago—it was supposed that the maturation of the pustules of small-pox and the favourable progress of the disease could be ensured only by keeping the patient in a close and heated atmosphere.

* Clinical Lectures on Diseases of the Heart.

The practical effect of this treatment was to compel the patient to breathe air that was charged with the poisonous exhalations from his skin, and the mortality was very great. Sydenham rejected this absurd theory, and changed the practice which was based upon it. He ventured to keep his patients on a cooling *régime*, and to have their rooms thoroughly ventilated. The result was a great diminution of the mortality from small-pox, with very fierce opposition from the medical theorists, whose practice was thus reversed.

Another instance of a theory mischievously influencing the treatment of a disease is to be found in the disease which is now known by the name of "delirium tremens." Until about fifty years ago, the symptoms of this disease were supposed to result from an inflammatory condition of the brain or its membranes. The treatment, in accordance with this theory, was by bleeding and other depletory measures, and the result was a great mortality.

In the year 1813 Dr. Thomas Sutton published a pamphlet in which he advocated the employment of opiates in place of antiphlogistic measures. This plan was far more successful than that which it displaced; but the opiates were sometimes pushed too far, and their excessive employment was injurious. We have gradually learned that the most successful treatment of delirium tremens consists in careful nursing and feeding, with a moderate and guarded use of opiates and stimulants; and the mortality from this disease is now probably not one-tenth as great as it was when an erroneous theory carried with it a mischievous method of treatment.

You will perhaps be disposed to ask whether, if medical theories are found to be so misleading in practice, it were not better that theory be entirely discarded, and that we trust wholly to observation and experience in the treatment of disease. It cannot be denied that an erroneous theory is worse than no theory at all; but pure empiricism is a simple impossibility. Every man has his theory about disease and its treatment. The man who makes it his boast that he is a *practical man* is a theorist, notwithstanding his boast; and, in general, it will be found that he is one whose theories rest upon a very unsubstantial basis of facts. In practice he is the more to be dreaded, because he is a theorist without being conscious of it, and he often mistakes his own imaginations for realities and facts. Theories of disease and its treatment we must have—we cannot do without them. A good and sound and true theory is of great value as a connecting link between numerous complex phenomena, and a key by which the pathological intricacies of a disease may be unlocked. But I warn you here, at the very commencement of my course, to be most cautious in accepting theories, from whatsoever source they come. Whenever I propound a theory for your acceptance, you have a right, and I beg of you to exercise the right, to demand from me a full and explicit statement of the facts and arguments upon which the theory is based.

Further, you will have the opportunity to test my theories as well as my practice at the bedside of the patient in the wards and in the out-patient rooms of the hospital, and wherever in your after-life disease comes under your observation. The theories which do not bear that test—candidly and cautiously applied—are to be rejected as worse than useless. The main object of a teacher of Medicine should be, not so much to impart his own ideas to his pupils as to teach them how to observe for themselves, and how to interpret the natural phenomena of disease. He is the best teacher who best succeeds in exciting in the minds of his pupils a lively and intelligent interest in the practical study of disease. With reference to this important principle, Dr. Stokes says: "I believe that no man can be fully and entirely taught anything. He must teach himself. And what the teacher has to do, and what I have ever set before myself, as my highest duty, is to endeavour to teach you how to teach yourselves."

Now, gentlemen, you are well aware that a great and most important part of this teaching must be carried on, not in this room, but in the actual presence of disease—by the bedside of the patient. As one of your clinical instructors, it is my duty to teach you, with respect to each case, what is the nature of the disease; what its probable cause; what its natural tendency, whether towards recovery or death; in what way art can assist in ensuring a favourable result, or in mitigating suffering, and in delaying, when it is not possible to avert, a fatal termination. Then it will be our duty in each case to form as true an estimate as we are able of the actual influence which our treatment has exerted upon the progress of the disease. In this way only can we acquire any useful and trustworthy experience—such knowledge and practical skill as will enable us the better to deal with disease in future. This knowledge cannot be obtained without close observation at the bedside. The smattering of anatomical terms which may be obtained by reading a dissector's manual, does not make a man an anatomist; neither will the most diligent reading and attendance on lectures make you pathologists and practical physicians without a regular course of clinical study. Therefore, in conclusion, let me express a hope that while you are regular and diligent in your attendance in this room, you will be equally regular and diligent and attentive in the out-patient rooms of the hospital, and at the bedside in the wards. There only can you learn by actual observation and experience to test and to apply the principles which may be taught you by lectures and by books.

Introductory Lecture

TO THE COURSE ON

HUMAN ANATOMY AND PHYSIOLOGY,

Delivered at the University of Cambridge,

BY PROFESSOR HUMPHRY.

ONE of the greatest pleasures of life, gentlemen, is experienced in learning—in the acquisition of knowledge. It is this which gives the peculiar zest to Cambridge life; it is this which makes the recollection of the time spent in our University so happy. The inducements to pluck of the tree of knowledge have not diminished since the prohibition to the free enjoyment of its fruit has been removed. Learning gives pleasure because it is associated with, and dependent on, the exercise of our highest faculties. The more thoroughly and the more honestly we employ those faculties the greater will be our real enjoyment of the best gifts that have been vouchsafed us. For this agreeable purpose we are met together—we meet as learners; for between the teacher and the pupil there is, in this respect, only a difference of degree. We meet as learners of one of the grandest sciences,—why should I not say of the grandest of the physical sciences?—the science which has to do with the laws of life, and those laws manifested in the noblest of created beings with which we have acquaintance. I trust, therefore, that in this course of lectures we have mutual pleasure in prospect. At any rate you may be sure that if it is not so—if you are not really interested, if you find your attention flagging and the time hang heavy, if you come here as a duty rather than a pleasure,—the cause is in yourselves or in me, not in the science we have to investigate. Difficulties enough there are in it; and all your attention, all your patience, and the full application of your minds will be needed to acquire even a fair knowledge of it. But difficulty is inseparable from interest, and is a necessary feature of every study that deserves to be cultivated in this place.

Indeed, the peculiar difficulties attendant on the study of the laws of matter in their relation to what we call life give a peculiar value and importance to the science of anatomy and physiology as a means of training and improving the mental powers, and render it peculiarly worthy of a place in this ancient and noble seat of learning. By its combination of the inexact with the exact, of the doubtful with the certain, it nurtures the inquiring as well as the calculating powers; it gives scope to the imagination, as well as tests the reason; and while leading us up, step by step, on its solid physical stair, it envelopes us in somewhat of mystery, and conducts us to a point at which the hard material seems to come in contact, or blend with, and become subject to, the inappreciable immaterial. Take, for instance, one of the most commonly operating influences—that of the will upon the body. I will to grasp this table, and the hand is moved to obey the behests of my will. What is that will? How does it originate? Where is its seat? How and when does it come into contact with and operate upon those muscles, this nervous system, this body? Is it an influx, or is it an efflux, with regard to the material of the body? In either case how refined past all comprehension

must that material be. We believe that its physical operation commences in those ultimate parts of the great nervous centre, the brain, where probably material structure attains to its greatest pitch of refinement, becoming sensitive to impressions in comparison with which even the waves of light may be coarse and jarring. Into such a mysterious process as this we can scarcely see our way to speculate. Yet it is a fundamental process. This connexion of the being with itself, if not the foundation stone, is, at any rate, the final purpose of the whole fabric. It is worthy of our closest thoughts, and necessarily suggests more important thoughts respecting the relations of that far higher will to the great kosmos of which we are scarcely appreciable atoms.

I have taken you up into these high altitudes for a moment to give you just a glimpse of the transcendent views, magnified perhaps by their dimness, which are to be gained at certain points of our study; but we must not linger there. We must descend to the recollection that it is by a patient investigation of the ordinary properties of matter—the laws of mechanics, hydrostatics, heat, chemistry, electricity—that we can alone approach, and hope to master, the problems presented by the combinations of those properties and laws in the animal machine. An animal may be regarded as the resultant of these various properties, modifying and controlling one another, and modified and controlled by that further property which we call life. Every advance in physics, therefore, tends to pave the way to a clearer knowledge of life; and greatly is it to be wished that a larger number of the masters of physical science which this place produces would turn their attention to the study of the animal machine. It is, I know, often found difficult to apply the results of exact science to the elucidation of physiological phenomena; but there can be no higher aim for exact science. The attempt has in some instances been made with signal success, and I am sure that there is much profitable work to be done in this direction. It would give more exactness to physiology, and more scope to mathematics.

It is, then, by keeping anatomy and physiology in close contact with the other branches of physical science that we can best hope to make a real advance in them, and I cheerfully comply, therefore, with the recent regulations of the University which require the lectures on human anatomy and physiology to be suitable to the students of natural science. I entirely admit the wisdom of these regulations. I see in them the principle, that the University desires to include in its range of science the great subjects of anatomy and physiology, illustrated, as they best can be, through their highest exponent, the noble framework of man; and I see, further, the not less important principle, that the study of that framework should be conducted here, not as a mere technical practical affair, but as a branch of general science, and in a spirit of philosophy. I quite agree with this, and may unhesitatingly state that unless these principles are followed out—unless the study of anatomy and physiology is carried on in the spirit which has been indicated, it had better not be carried on in Cambridge at all. If we can act up to the wishes of the University—if we can make the character of our teaching respond to the liberal hand with which she has recently provided the means of teaching, I feel that a real gain will be obtained—a gain to general science—a gain to our, I will not call it special science, but our particular branch of science—a gain to the University, and a gain to the medical profession. It is the desire of the University that you should go forth, not merely with a good practical knowledge, but with a good scientific knowledge also. The physicians of olden time from whom we receive, as an heirloom jealously to be kept, the high position of our profession, were, in an eminent degree, men of learning. Caius, of whom you heard yesterday, and to whom so many of you are bound by ties of respect as well as by the enjoyment of the good things which he has bequeathed, was the most learned man of his time; and with the recollection of his example and that of others who have ennobled their profession in a like manner, our desire is, that your studies here should be so conducted as to enable you to take your place in the foremost ranks of science.

The practical details of anatomy can be learnt by far the best by working for yourselves in the dissecting-room, where you will find sufficient to occupy you, and a gentleman most able and ever willing to assist and direct you. My chief object in this course of lectures will be to treat the anatomy and physiology of the human body as a branch of natural science, illustrating the principles of anatomy and physiology by reference to the human body as their highest and perhaps best exponent, making it the standing-point from which to survey the ground, and making frequent reference, by way of further elucidation, to the varied forms which are presented by the lower animals. It must ever be borne in mind that the bodies of man and the lower animals are built upon the same plan, are constructed of the same materials, are formed and maintained in the same way. Their very differences serve to elucidate and explain one another. There is, therefore, a very large area of common ground between the territories of human and comparative anatomy, ground which the student of either ought to tread, and which is perhaps more fertile of interest and instruction than either territory by itself. Upon one and not the least difficult part of that ground I must ask you now to accompany me.

The Professor then passed on to the consideration of the subject of Life.

ON THE

APPLICATION OF PHYSICAL METHODS

TO THE

EXPLORATION OF THE MOVEMENTS OF THE HEART AND PULSE IN DISEASE.

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No. I.

ON THE THEORY OF THE PULSE.

BY DR. BURDON-SANDERSON.

THE utility of the sphygmograph as an instrument of physiological and clinical research is now so generally recognised that it is scarcely necessary to vindicate it. A method by which a permanent record—as faithful as a photograph—of the transient phenomena of life can be obtained, and the activity of an important function estimated with exactitude, cannot fail to be of value to the physiologist. As soon as it shall have been shown to be successfully applicable to the investigation of disease, it will become of still greater value to the physician. Let him who doubts the significance of the zigzags which the lever writes upon the moving sheet of paper, when the sphygmograph is applied to the wrist, but take the trouble to contrast the amazing constancy of form in the tracings obtained from the same individual at different times, *under the same physiological conditions*, with the infinite variety which is observable when the pulses of different persons are compared. If in the study of nature the constancy of a fact, or of a relation between two or more facts, is the criterion of its scientific value, we shall convince ourselves by such a comparison as has been suggested that the sphygmographic record is worthy of implicit dependence, and that, however imperfectly we may as yet be able to interpret it, we may confidently hope that it will some day help us to arrive at a more perfect knowledge of those individual peculiarities of healthy constitution which we now neglect for want of the means of appreciating them.

The object which we have in view in the publication of the present series of papers is to show in what way the sphygmograph may be made useful at the bedside or in the consulting-room. We do not, however, flatter ourselves, nor would we for a moment lead the reader to suppose, that much progress has as yet been made towards the accomplishment of this end. It is perfectly true that by the sphygmograph we become familiar with differences and peculiarities of the pulse so minute that the most delicate and practised finger would fail to recognise them; but the difficulty lies in the fact that the record is written in a language which we are only beginning to understand. Without a proper knowledge of the physiological facts, of which they are the transcript, the oscillations of the lever are quite as meaningless as the vibrations of the telegraphic needle to one who is not furnished with a proper alphabet. If anyone imagines that he will discover in pulse-curves invariable characteristics of particular diseases, he is entirely mistaken; for he will occasionally find that very different

tracings present themselves in morbid conditions which appear to be nearly the same, and similar tracings in states of the circulation which are entirely opposite. Even in diseases of the arterial system, to the discrimination of which the sphygmograph is more directly applicable than to any other diagnostic question, the form of the tracing may be modified by so large a number of circumstances that nothing short of the careful comparison of successive observations and the continued and repeated reference to the physiological as well as the pathological bearing of each fact, will enable the observer to arrive at a true interpretation. In the sphygmographic study of other affections which exercise their influence on the pulse by an endless variety of channels, it is still more necessary that he should constantly refer from the facts to their physiological origin and significance. He who attempts to found a diagnosis on the indications of the sphygmograph, either without an adequate knowledge of the mechanics of the circulation, or without a sufficiently constant reference to first principles, will probably fall into errors which he would otherwise have avoided.

From these considerations I have been led to believe that the sphygmograph will prove to be a most effectual instrument of clinical research, and probably a most valuable aid in prognosis; but that its general use as a means of diagnosis, excepting of diseases of the arteries, will be retarded by the difficulties above referred to.

In the present paper I propose to give as complete a view as I can of the *theory* of arterial pulsation, and to apply it to the explanation of the varieties of form of the pulse-curve which are met with, not only in diseased, but in healthy persons. For convenience in future reference, I shall arrange what I have to say in paragraphs.

1. Until E. H. Weber's application of his own and his brother's researches as to the theory of waves* to the explanation of undulations in elastic tubes, and particularly in the arteries, the cause of the arterial pulse was very imperfectly understood. Previous anatomists, as for example Bichat, regarded the pulse as produced entirely by a simultaneous progression of the whole mass of blood contained in the arteries, dependent upon a percussion communicated to all parts at the same moment of time. Accordingly Bichat held that the pulses of all arteries are synchronical. This, which I venture to designate the *tidal* theory of the pulse, was opposed by Weber in the paper last referred to, mainly on the ground that he and other physiologists had found by actual observation that the arteries do not beat together, and there is an interval between the contraction of the ventricle and the pulsation of any artery, the length of which varies according to the distance of the part explored from the heart.

2. Weber's own theory cannot be more clearly stated than in his own words:—"Pulsus est effectus *oscillationis* propagatæ, quæ in membranis et sanguine arteriarum plenarum locum habet, originem vero a pressione sanguinis e corde propulsi ducit."† Or, in other words—the pulse, taking its origin in the sudden stretching of the aorta by the pressure of the blood injected into it by the contracting ventricle, is propagated along the arteries in the form of a *wave*. So that, as Weber emphatically states elsewhere, the pulse or wave "non est materia progrediens sed forma materiei progrediens."

3. In his previous researches Weber had completely investigated the physical laws by which the propagation of waves in elastic tubes is regulated, and in his treatise on the pulse showed that all the facts then known were completely explained by his theory. Until new instruments for the exploration of the pulse were introduced, no further progress was made. The theory of Weber was accepted without modification, and taught from 1833 to 1860. The question how far it accounted for all the variations of the pulse which were distinguishable by the practised finger was scarcely considered by physiologists, excepting in so far that it was taught, in general terms, that a hard pulse indicated excessive mean arterial tension, and a full pulse an unusual degree of lateral extension; but no explanation was offered of many other characters to which the physician attaches importance.

4. Since 1860 the subject has assumed an entirely new aspect; for the discoveries of Chauvean, Marey, and others who have worked with their instruments, have brought to light new orders of phenomena. The first step towards this great progress is to be attributed to Vierordt, who invented an instrument to which he gave the name of sphygmograph. His discoveries were at the time they were published (1855) of great importance, and prepared the ground for later investigators.

5. To the physician, the value of the pulse as a sign depends mainly, though not entirely, on its affording indications of the mode of contraction of the heart. Physiologically, it can only be understood as a *propagated* phenomenon; for whether it is regarded as a tide (*flumen*) or as a wave (*unda*), it is alike transmitted from the heart towards the periphery. For this reason the investigation of its nature must commence at the aortic orifice, or as near to that point as possible. It originates in the aorta, and is there to be found in its entirety. The further from the centre it is explored, the more will it be modified by transmission, and the more difficult will it be to analyse its characters.

FIG. 1.

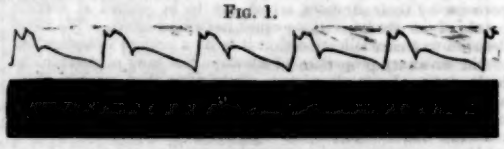

FIG. 2.

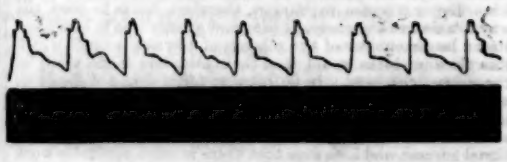

FIG. 3.

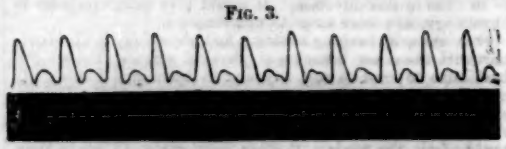

FIG. 1.—Tracings obtained by the successive application of the sphygmograph to the carotid and radial arteries of a male patient, aged twenty-one, under my care at the Middlesex Hospital, convalescent from lead colic; the carotid tracing being on a white ground, the radial on a black.

FIG. 2.—Carotid and radial tracing of a patient, aged twenty-three, under my care at Brompton, suffering from mitral and aortic disease of the heart.

FIG. 3.—Similar tracings of a male patient, aged twenty-five, also under my care at Brompton, affected with phthisis in the third stage. The tracings show some of the more striking differences between the pulse-curves of the two arteries, particularly the greater duration of the systolic distension in the carotid than the radial—the peculiarities due to the propagation of vibrations from the heart and the notch or angle by which the moment of closure of the aortic valve is indicated. In each instance a low arterial pressure is indicated.

6. In man the pulse of the aorta cannot be explored; but the great arteries leading from it are so placed that in most persons the sphygmograph can be so applied as to obtain satisfactory tracings, the forms of which, as might be expected, are more complicated and various than those yielded by the radial. Considering the size of the carotid, and its proximity to the aortic aperture, it may be assumed that the pulses of these vessels are identical both in time and character to that of the aorta; and that whatever be the theory we adopt as to the pulses of the more remote arteries, we have here to deal with the primary extension of the arterial wall, due to the actual progression of blood from the heart into the aorta.

7. The curve obtained when the sphygmograph is applied either to the carotid or subclavian in the neck is markedly divided into two parts. One of these has been found by observation to coincide with the period during which the heart is in communication with the aorta; the other, with the interval during which the sigmoid valves remain closed. The commencement of the systolic period is always marked by a sudden jerk upwards of the lever, usually indicated by a nearly vertical line; the close, by a second but more inconsiderable jerk, which is always preceded by a sudden depression. During the first part of the intervening time the artery is distended with blood, but towards the end the distension suddenly ceases. The contraction of the ventricle having terminated, the blood flows back from the aorta into the heart. This back flow lasts only for a moment, being arrested by the closure of the aortic valves. Immediately the communication with the heart is stopped, the aortic pressure again

* E. H. Weber: De Pulsu non in omnibus arteriis plane synchronico.—Annotationes anat. et physiol. Leipsic. 1833.
Wellenlehre aus Experimente gegründet. Leipsic. 1825.
† Weber, loc. cit., p. 7.

rises, tilting up the lever as already described. Although the carotid pulse-curve exhibits great variety in different individuals, its form always indicates that at each stroke of the heart the lever rises abruptly, remains elevated for a short period, and then falls as suddenly as it rose. That the period of elevation coincides with the actual influx of blood from the ventricle is proved by experiments made by Chauveau, who found that when his beautiful instrument for measuring the velocity of the blood-stream was introduced into the carotid of a horse, to which a sphygmograph was at the same time applied, the acceleration of the current corresponded in degree and duration with the distension of the artery.

8. Of the less constant characters of the carotid tracing, some are directly dependent on the *mode* in which the ventricle contracts, others on peculiarities in the closure of the valves. Under certain conditions, the nature of which cannot be here discussed, the mass of blood in the ventricle is thrown into rapid vibration during the act of contraction. Whenever this is the case the vibration is communicated to the arteries, and shows itself in the carotid tracing; the ascending limb of the pulse-curve being interrupted by a series of notches, each of which corresponds to a *vibration*. When these vibrations are very well marked, they communicate the sensation of thrill to the finger. The other variations to which reference has been made have to do with the descent of the lever at the end of the systolic period. In some cases this descent is well marked, and is denoted by a deep notch, as in Fig. 3; in others it is marked by a mere change of direction. These differences may be clearly shown to be dependent on the degree to which aortic regurgitation takes place, or, in other words, on the rapidity with which the sigmoid valves close. When the mean arterial pressure is high, the valves close instantaneously; in the contrary condition, when the arteries are flaccid, *the valves remain open for an appreciable period after the ventricular contraction has ceased.*

9. The preceding observations tend to show that in the great vessels pulsation is produced by a simultaneous *increase of tension* and *acceleration of movement*. In the more distant arteries these two effects are no longer coincident. Both are transmitted; but inasmuch as their propagation is influenced in a directly opposite manner by those physical conditions which exist in the arteries, they tend to separate themselves more and more from each other the further the exploration is made from the heart. Just as a ray of light becomes two by being transmitted through a medium which refracts them at different angles, so the pulse, in its propagation from the heart to the periphery, splits into its two elements of expansion and acceleration.

10. The limits of this paper do not permit me to show the light which these considerations throw on the explanation of the peculiarity and characters of the radial pulse. In anticipation of my next paper, I place before the reader the following summary of the conclusions I have arrived at with respect to it.

a. The propagation of the systolic acceleration, if it occurs at all, gives rise to a rapid expansion of the artery, which is synchronical with the ventricular systole, and is followed immediately by collapse.

b. The propagation of the systolic pressure-wave gives rise to a *gradual* expansion of the artery, and, in accordance with Weber's law, follows the systole after a variable interval.

c. When the resistance due to the mean arterial tension is considerable, the acceleration extends only to the great vessels, so that its effects at the wrist are imperceptible. In such a case the form of the pulse is wave-like. In the opposite condition as regards arterial tension, the effects due to the systolic acceleration are well marked; the elevation of the lever is abrupt, but of short duration.

In my next paper I will endeavour to show how the various forms of pulse-curve which are met with, as well in health as in disease, arise out of the combination of these two effects in various proportions.

IMPERIAL HONOUR TO THE PROFESSION. — It has been remarked that nearly every profession but that of medicine was represented in the French Senate. This anomaly has struck the Emperor, it would appear, as the *Evénement* announces that his Majesty's physician, Dr. Conneau, is to be promoted forthwith to a seat in the Luxembourg.

THE decease is announced of Lady Holland, wife of Sir Henry Holland, and daughter of Sydney Smith, of whose brilliant wit and literary power she possessed an hereditary share.

ON THE TREATMENT OF ANEURISM BY ACUPRESSURE.

BY HENRY LEE, ESQ., F.R.C.S.,
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IT is an opinion very generally entertained that the primary object in the treatment of aneurism should be to retard the circulation of the blood through the tumour, so as thereby to increase the quantity of coagulum in the sac.* Two propositions are here taken for granted: (1) that the coagulation depends upon the slowness of the motion of the blood; (2) that the cure is in some way associated with the amount of the coagulum. Upon each of these subjects I would offer a few very brief observations.

1. Is it true that slowness of motion is the essential condition which favours or induces coagulation of the blood in the living vessels? Hunter tied the carotid artery of an animal in two places; the intervening portion of the vessel must have been full of blood, yet when the animal was killed some days afterwards, a coagulum was found adjacent to one of the ligatures only. The preparation is preserved in the museum of the College of Surgeons. I have placed a ligature upon the jugular vein of an ass, and had the animal killed at the expiration of forty-eight hours. On examining the parts, I found only a very small, loose, floating coagulum in the vein above the ligature: there was no appearance of any clot having adhered to the lining membrane of the vein, nor was there any deposit of fibrin upon it. On the other hand, when blood is withdrawn from the body and beaten with a twig, the rapidity with which the twig is moved does not prevent the separation of the fibrin; or, again, if some mercury be shaken with some recently drawn blood, however briskly, the fibrin will adhere to the moving particles of mercury. These instances will, I think, be sufficient to show that retardation in itself is not sufficient to account for the coagulation of the blood, or for the separation of its fibrin in the living body.

2. Is the cure of an aneurism favoured by a large amount of coagulum?

Hunter thus correctly describes the appearances of a coagulum in an aneurismal sac:—"The firmness and colour of the laminæ in different parts of the tumour are such that it is easy to distinguish an old coagulum from a new one: the external laminæ are of a dusky-brown colour, and these laminæ grow gradually redder as we advance inward toward the current of the blood."† He also says that an aneurism arrived at this state generally yields to the force of the circulation. The fact of the inner laminæ of the coagulum being, as he describes them, of a reddish colour, shows that they approach in their composition to ordinary blood-clots, which are very little fitted to perform the duties of permanent repair. Any amount of this material, which can neither become organised nor absorbed, may serve to prevent farther distension of the sac, but cannot assist in the vital union of diseased or injured parts.

In order to understand the real intention of the deposit of fibrin in injured or diseased arteries, we must look to what occurs when the injury is first inflicted, or the disease first commences. At that time we never have a large amount of fibrin deposited. What we see in examining the bodies of those who die of aneurism is the product of long-continued growth. The successive laminæ mark the different periods at which fresh portions of fibrin have been deposited; but as they have been so deposited the layers first formed have become distended before the impulse of the blood. This impulse, the last formed layers, according to the description above given, are still less likely to resist than the first; and so the disease has a natural tendency to increase.

Now, it is a remarkable fact that, in animals, wounds of arteries do not produce aneurisms. We learn from this that there is a natural power by which a wounded artery may be repaired; and we may learn also what the process is by which that restoration is effected.

It has already been stated that the blood does not coagulate or part with its fibrin readily in the living vessels, but that it does so readily when in presence of any foreign body. A wounded or diseased artery presents such a foreign surface to the blood; and however rapidly the blood flows over that surface, it will leave some fibrin adhering to it. The fibrin so deposited in the case of a wounded artery acts as a temporary

* See Holmes's Surgery, vol. iii., p. 62.
† Works by Palmer, vol. i., p. 546.

bond of union between the divided edges. It mechanically glues them together, and, if not disturbed, serves as the bed in which the process of repair is effected. Increased cell growth takes place in the divided edges of the vessel, and this gradually invades the layer of fibrin which serves as the temporary bond of union, until the living cells from opposite sides unite. This is union by first intention. The layer of fibrin in this process becomes absorbed, probably furnishing a pabulum to the cells which grow into it. In a few rare cases the fibrin itself would appear to become organised; but this is an exception to the general rule.

The union of a divided artery and of a divided vein is thus conducted on the same principles, and it is evident that a small quantity of fibrin only is required for the due performance of the process. As soon as sufficient is deposited to unite the divided edges (and this is sure to take place while the blood retains its natural properties), any additional deposit only embarrasses the operation.

In healthy states of the body, wounds of arteries and veins are alike healed in this manner. But it may happen in both that the process is interfered with. In the case of an artery, the temporary bond of union may as soon as it is formed yield before the impulse of the blood. The intention is then not carried out. A fresh attempt is made; a fresh layer of fibrin is deposited, and this in its turn may yield in a similar way; and thus an aneurism is formed, the union by first intention being frustrated by mechanical means. After an aneurism has attained any size, the quantity of fibrin not only prevents the divided coats of an artery from coming together, but actually tends to pull them apart. The opening into the artery is generally much smaller than the diameter of the tumour, and as the outer layers of fibrin are forced outward, they tend to widen the aperture into the vessel. Now, the blood flows almost as quickly through the veins as through the arteries, and yet we do not find aneurisms in veins. In order that the divided coats of an artery may unite in the same way as those of a vein, it is only necessary that they should be placed under the same circumstances. The essential condition is that the layer of fibrin which unites the divided edges should be left at rest until it has acquired sufficient consistency to resist any mechanical causes of disturbance to which the part may be subjected. In this mode of union it is only necessary that the fibrin deposited should be of proper quality, and should not be disturbed. Any large deposit of fibrin, whether in arteries or veins, is an indication of imperfect action. It shows that the original intention having to a greater or less extent failed, successive subsequent attempts have been made to accomplish the same object. When the healthy natural process of union by first intention takes place, the calibre of the vessel is not obstructed; but in some cases, where the quality of the blood is altered, or where it has become mixed with some other matter, a coagulum of a greater or less extent will form within an artery, and occasionally this will entirely obliterate its canal. Sir Wm. Fergusson showed me some years ago an instance in which he had pressed the coagulum out of an aneurismal sac, and in which the distal arteries in consequence ceased to pulsate. If in such a case the blood were to coagulate around the fibrin so as to obstruct the canal of the vessel for any length of time, a permanent cure of an aneurism situated upon the obstructed vessel might be expected; but, as I have said, with healthy blood it is very rarely that such coagula form within the cavities of arteries which are not diseased.

The statements that I have now made carry conviction to my own mind that neither slowness of motion of the blood, nor any large quantity of coagulum, is necessary for the due performance of the process of union. It takes place commonly and readily in veins even after a wound has been opened several times, without any obstruction to the circulation; and all that is requisite in order that it may in like manner take place in arteries is that the circumstances may be similar. Thus it is not retardation of the circulation, nor the quantity of fibrin deposited, that is essential for the cure of an aneurism; but some mode of preventing the impulse of the blood upon the newly-formed adhesions: in other words, apposition and rest. These objects may be attained in various ways. Whether intentionally or not, all the operations for aneurism which have been introduced, since the severer operation of amputation, as recommended by Pott, and that of opening the sac as advised by the older surgeons have been abandoned, tend to favour these conditions. What has been termed the Hunterian operation does so in a marked degree: the coagulum is left undisturbed, and the impulse is taken off the injured vessel. Instrumental compression, which has lately been used with a considerable amount of success, has evidently the same effect. This practice, as old as the time of Hunter, failed at first from the fact that those who attempted it tried to stop the current of the circulation, and thus produced a degree of pain which it was impossible for the patient to bear. With digital pressure the effect is essentially the same, but the degree of compression must necessarily be constantly varying.

The treatment by flexion is a discovery due to Mr. Ernest Hart. The sac, and consequently its contents, are prevented from being distended by being pressed upon in all directions by surrounding structures. The impulse of the blood, by the compression of the tumour against the upper part of the artery, is at the same time diminished.

Thus in all these methods of treatment the same essential conditions are provided for—viz., rest, and apposition more or less direct of the diseased or divided coats of the artery. It is true that cures have been effected in other ways. Thus the coagulum has been rendered so firm by galvanic action, or by the injection of the perchloride of iron, that it has not yielded before the pulse of the heart; and this is to do by artificial means that which is naturally done in animals. And instances where this mode of treatment has been successful does not in the least militate against the necessity of the two conditions upon which I have insisted.

Now, in the various plans of treatment which I have mentioned, we may observe a gradual progress towards the accomplishment of the same end by more simple means. The old operation involving the opening of the sac was succeeded by modifications of the Hunterian operation. This, in many cases, was superseded by various modes of compression; and this again by the less painful and less tedious plan of acute flexion.

I have now the pleasure of submitting to the consideration of the profession what, I believe, may prove a still more simple and more certain plan of treatment, at least in some cases—viz., the treatment by acupressure. I cannot but remember that six years ago I had the pleasure of reading before the Medical Society of London a paper, which was subsequently published as a separate essay. In this I advocated acupressure in certain operations upon the veins—a mode of proceeding which I had at that time practised for a period of seven years. In performing the operation for varicocele it had occurred to me occasionally to wound one of the branches of the spermatic artery, which was not controlled by the needles already introduced. Arterial hæmorrhage would then take place; but this was always commanded by introducing another needle, so as to compress the bleeding vessel. During this period a case occurred which left a strong impression on my mind that the action of arteries in other situations might be more simply and more effectually controlled by acupressure than by other means.

A young man had a wound in the palm of his hand, from which there was a copious hæmorrhage. Various attempts were made to secure the divided ends of the vessel. These all failed. The radial artery was tied, and the ulna artery was tied, and I believe ultimately that the brachial artery was tied; but however this may have been, the arm was at length amputated. It occurred to me that the hæmorrhage might have been restrained by means of needles passed through or underneath the bleeding vessels; and this I mentioned to a friend at the time before the amputation was performed. That such a mode of treatment might be effectual in similar cases has since been fully shown by Sir James Simpson's admirable work on "Acupressure as a Means of arresting Surgical Hæmorrhage."

I will now give a case in which I had an opportunity of putting this plan of treatment into practice in a case of traumatic aneurism.

Henry G——, aged nineteen, admitted into St. George's Hospital on the 16th of September, 1866. On the 9th of September he received a wound on the lower part of the left popliteal space from a sharp knife. The wound at the inner side of the leg passed obliquely outwards to the extent of an inch or more. There was a great deal of hæmorrhage at the time, but this was stopped by a handkerchief being tied round the limb. The handkerchief was allowed to remain until the 12th, when it was removed, but again applied. There was not any hæmorrhage at this time. Having removed the handkerchief on the 16th, the bleeding recurred. He was now admitted into the hospital. There was a tumour on the lower and rather to the inner side of the popliteal space about the size of a large chesnut. This could be felt and seen to distend with each arterial impulse. When the tumour was forcibly compressed by the thumb, the posterior tibial artery still pulsated. A consultation of the surgeons of the hospital was held upon the case, after which a long slender needle, previously made

for the purpose of acupressure, was introduced immediately to the outside and above the tumour, which was at the same time pressed inward by the point of the finger. The needle was made to penetrate deeply into the popliteal space; its point was then turned inward, and brought out immediately behind the internal tuberosity of the tibia. From the grating sensation conveyed to the fingers at this time, the needle must have passed through some fibrous or tendinous structures. A small quantity of blood escaped at each aperture which the needle had made; this was not of a dark colour, and there was no evidence of any large vessel having been pierced. The pulsation in the tumour stopped immediately that the needle was introduced, but the pulsation in the posterior tibial artery in the lower part of the leg could still be distinctly felt. It appeared from this, and from the experiment previously made of compressing the artery, that the aneurism had arisen from a branch of the popliteal artery, and not from the popliteal itself, and that the acupressure needle must have passed between the main artery and the wounded branch. Although the tumour had ceased to beat, a piece of cork was placed immediately above it and a little to its outer side, and confined in its position by an elastic band passed over the extremities of the needle.

July 20th.—There had been a little pain up the thigh, but none near the aneurism; no pulsation in the tumour.

22nd.—The indiarubber band was removed, but the needle was allowed to remain. There was some very slight irritation at the points where the needle passed through the skin. There was no other pain or inconvenience. The skin of the leg for a considerable distance was still discoloured, presenting the appearance of having been bruised.

24th.—The acupressure needle was removed (on the sixth day). Some serous fluid followed its extraction, and a very small quantity of blood. A pad of lint was now placed over the situation that the needle had occupied, and retained in its position by a bandage.

26th.—The pad and bandage were removed. Some dark, grumous-looking fluid escaped from the original wound. No pulsation in the tumour, nor fresh hæmorrhage.

27th.—The bandage was again removed, and a smaller quantity of the same kind of fluid escaped from the wound as on the preceding day.

29th.—The wound discharged only a very small quantity of serous fluid.

Oct. 2nd.—There was now no discharge from the wound. Some thickening could be felt in the situation of the aneurism, but there was not the slightest pulsation. The pulsation in the posterior tibial artery continued natural. The skin of the leg still remained discoloured.

4th.—Feels quite well, and is in no pain. The wound has nearly healed.

6th.—Was allowed to get up.

13th.—Has had no unfavourable symptom since the last report. The discoloration of the limb has disappeared. He left the hospital apparently quite well.

The patient presented himself at the hospital on the 20th, and again on the 27th, when, with the exception of the scars of the original wound and of the acupressure needle, the limb was perfectly in its natural condition.

This case occurred in a young man; it was a traumatic aneurism, and it was in a branch only of the main artery. It does not therefore follow that an ordinary aneurism of the popliteal artery would be cured by the same plan of treatment. On the other hand, it must be considered that this must have been a large branch, that it was very near its parent trunk, that it doubtless had its accompanying veins and nerves, and that these sustained no injury from the degree of pressure which was applied to them. Considering that an aneurism of this size and in this situation was so speedily and so completely cured by acupressure—considering that the degree of pressure required is not such as to stop the circulation, and taking into account the fact that an acupressure needle may at any moment be removed, the facts are, I think, sufficient to justify the trial of this mode of treatment in other cases of aneurism. Should increased experience confirm the *à priori* reasoning, there is, I think, little doubt but that this would be a simpler and more effectual way of preventing the arterial impulse than any other hitherto practised.

In conclusion, I may mention that the needles best adapted for compressing large arteries are curved, with rounded, not cutting points. These, when used, should be held firmly in a handle which can easily be removed. With a needle of this kind it is not easy to wound a large vessel in the living body.

Savile-row, October, 1866.

ON SYPHILITIC AND PHAGEDENIC ULCERATION:

THEIR PATHOLOGY AND LOCAL AND CONSTITUTIONAL TREATMENT.

BY DONALD C. BLACK, M.D., L.R.C.S. EDIN.

(*Concluded from page 467.*)

BUT if the foregoing hypothesis be correct, seeing that the suppuration and ulceration are due to depressed vitality, and it in turn to the stagnation and consequent inadequate supply of arterial blood, the indications of correct treatment, I submit, are—1st. To allay irritability and relieve tension. Thus restore the normal function of the part, I am tempted to say, as is done by bleeding in pneumonia, or cupping and leeching in pleuritis, &c. 2ndly. When suppuration and ulceration ensue, to imitate Nature by the application of medicaments, whose tendency it is to facilitate the due oxidation of tissue prevented in disease as above, to make way for the new arterial blood by thus indirectly stimulating absorption, raising the vitality of the part, and casting the preponderance of power in the curative hands of Nature. Fibrine, by which material repair is effected, develops itself under favourable circumstances into healthy tissue—"1st, by solidifying into an opaquish granular mass, studded with small oval nuclei, which, like other nuclei, are rendered more distinct by acetic acid. Within a certain time the lymph acquires a distinct fibrous structure, and the nuclei probably arrange themselves into fibres."* Or 2ndly, "the fibrine develops itself into a mass of large *nucleated cells*, which subsequently enlarge, elongate, and split into the shapes known as the caudate, fusiform, &c.," and ultimately split up into fibrous tissue. Pus is a yellowish, opaque fluid, having a peculiar smell, and consists of a thin serum holding a vast number of globules in suspension. Under favourable circumstances, fibrine develops itself into healthy tissue without suppuration taking place; but when the vitality of the part is depressed to a certain extent, pus is formed—that is, part of the reparative material is sacrificed for the protection of the newly-forming tissue. Or to quote from Dr. Allison, "Three processes go on simultaneously in order to effect ulceration. 1st. An exudation of inflammatory lymph forms the substance of granulations. 2ndly. From a portion of the original inflammatory lymph, pus-cells are formed for the protection of the delicate granulations. 3rdly. Absorption (interstitial as well as of the *débris*) takes place. And the occurrence of these *three* phenomena constitutes ulceration. If the formation of granulations predominates, the part heals;" but in order to its predominance, absorption and disintegration must be active. Pus then is an inferior production in the scale of organised tissue.

There is a group of diseases whose most notable manifestation or indoles is ulceration of a phagedenic nature—viz., syphilis, diphtheria, cancrum oris, erysipelas, scarlet fever (putrid), and hospital gangrene. Presenting one important feature in common, it must strike one that the remedies most successfully employed in their treatment are all members of one class, that their effects are analogous, and that indeed the one might be substituted for the other. They belong to that class of agents which, applied externally, restore healthy action, as I have already observed, by degrading, as I believe, the imperfectly oxydized tissues, thus stimulating absorption, and calling into action a healthy process. Take, for example, a case of syphilitic ulceration, *et ex uno disce omnes*. What are the applications in use? Are they not NO_5, blackwash, calomel vapour-bath, Condy's fluid, &c.?—and they act, I submit, as already pointed out. The same observations apply to the other diseases alluded to. In diphtheria one advocates iodide of potassium, another tincture of the muriate of iron, a third chlorate of potash, and so on. In cancrum oris common consent will point to chlorate of potash as the most reliable therapeutic agent. Again, in scarlet fever, tincture of the muriate of iron, chlorate of potash, and hydrochloric acid are identified with the disease. In erysipelas the efficacy of the tincture of the muriate of iron is widely acknowledged; and in hospital gangrene, nitric acid, the chlorides, Condy's fluid, and such other remedies as belong to this class, are those selected in treatment.

* Paget, quoted by Druitt.

For the chloride of zinc important claims have lately been urged by Mr. De Morgan—viz., "those of promoting healthy action and preventing decomposition in wounds, and its influence in preventing erysipelas and pyæmia." I venture to assert that these properties are neither of recent discovery, nor practically of recent application. Who has not heard of the application of chloride of zinc in gonorrhœa? and what are its effects in this disease but "those of promoting healthy action and preventing decomposition," and, I would add, by relieving congestion and stimulating absorption by a process of oxidation? I have been long in the habit of using chlorate of potash as an application to suppurating surfaces; and the properties justly claimed for the chloride of zinc belong, I believe, in a greater degree to the former, and for this reason: chlorate of potash (KO, ClO_5) is a more potent oxidizer. When applied to a suppurating surface the chlorine of this salt unites with the hydrogen of the tissues, and one equivalent of oxygen would thus be set free, and, again, the six remaining equivalents of oxygen are also liberated, both in a nascent state, and consequently more potent. But these effects are not peculiar to the remedies mentioned; they belong, though perhaps in a variable degree, to common salt, hydrochloric acid, nitric and nitro-muriatic acids, permanganate of potash, carbolic acid, &c.

But it is not to be supposed that I ignore constitutional treatment in cases of specific ulceration. As I have pointed out a peculiar class of external agents, I shall now endeavour briefly to indicate a characteristic group of internal medicines. The most important of these are, iodide of potassium, the preparations of mercury, nitro-muriatic, hydrochloric, and nitric acids, the chlorides and the chlorates. They belong to the class denominated alteratives. They act most beneficially when disintegration is tardy; they favour the metamorphism of tissue, thus stimulate absorption, and act, in fact, with reference to local treatment, as a *vis a tergo*. Thus the importance of the function of absorption in the reparative process will be understood. That they do act in this manner is amply proved by their common effect on the secretory apparatus—in the case of the salivary glands causing ptyalism, in that of the liver an increased secretion of bile, of the Schneiderian membrane an increased secretion of mucus, and in the reduction of abnormal enlargements of the glandular system by increasing its activity. The good effects of blistering an indurated and consequently indolent ulcer are explicable on these grounds. In conclusion, I shall submit one example of the manner in which the indications of treatment are carried out in the treatment, say of pneumonia. Irritation is allayed by opium or other sedative narcotics; congestion relieved by bleeding, general or local, tartar-emetic, ipecacuan, or other depressants; and absorption stimulated by the administration of calomel, iodide of potassium, blistering, &c.

One or two remarks, then, as to the case prefacing these observations. I have a belief that the dose of the iodide of potassium should correspond to the obstinacy and extent of the disease under treatment. I hesitated not, therefore, in this case, to begin with a large dose, and augment it gradually to twenty grains three times daily, considerably diluted with water, for reasons I have elsewhere assigned.* The dose of this important medicine is a matter of no small consequence. I am satisfied that it is frequently thrown aside after a course of the smaller doses as useless, while the administration of the quantity I have referred to would prove beneficial alike to the patient, to the reputation of the medicine, and to the credit of the doctor.

This subject is an extensive one. I have already occupied too much space, though the foregoing claims to be but a rough and crude outline of a theory which, if not absolutely correct, I am vain enough to think deserves consideration. At all events, it has guided me in the treatment of the diseases under discussion, and I laid the "flattering unction to my soul" that I prescribed according to scientific principles, and not in obedience to hackneyed routine. An ample field presents itself to aspiring genius in attempting to reduce *in novos corpora* that *rudis indigestaque moles*, our materia medica. Truly it has *non passibus æquis* followed in the train of its kindred branches. May the task be taken up by men worthy so good a cause, and soon may the common reproach of "doctors differing" belong to an age that is gone for ever.

Oban, N.B., Aug. 1866.

* See THE LANCET for August, 1865.

ON Tuesday, the 6th inst., the number of deaths in the metropolis from cholera was 5 only, and from diarrhœa, 3. Of the deaths from cholera, 1 occurred in the central districts, 1 in the east, and 3 in the south.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

CASES OF NEGLECTED GLAUCOMA, WITH CLINICAL REMARKS.

(Under the care of Mr. ERNEST HART.)

THE ophthalmic departments of most hospitals afford frequent evidence that the new meaning which is given to the word glaucoma in modern ophthalmic practice is not by any means generally appreciated in the profession, and that this is not merely a question of names, but that, as a consequence, the remedial treatment applicable to glaucoma is neglected or omitted, through the failure to identify the disease in its earlier stages.

Two examples of the hopeless stage of neglected glaucoma are now under observation here. Mr. Hart, in calling attention to them, said that he could but regret that some general agreement could not be obtained to find a name for the early and curable condition of glaucoma which should indicate the typical symptoms of the disease, and which should lead practitioners unacquainted with the use of the ophthalmoscope to distinguish the case in time as one probably of acute glaucoma, and induce them to investigate, or to cause it to be investigated, while relief by iridectomy was still promising. The condition to which popularly the name of glaucoma is still attached was, he observed, that of the patients there present for relief: with firmly dilated pupils; green and discoloured lens (in one case cataractous lenses); the eyeball of stony hardness, or else staphylomatous around the sclerotico-corneal margin, and utterly degenerated; all sense of light abolished, and all chance of usefulness gone. This was the last scene of all—the hopeless results of glaucomatous attacks; and it was still, as it always had been, irremediable. He could do nothing but return the patients to the practitioners who sent them, with expressions of regret. But in the earlier stages iridectomy might have availed to redeem vision, and the reason why help had not then been invoked was that the condition was not then recognised as one of glaucoma. In his experience he had found that early cases of acute glaucoma were most commonly mistaken for simple cases of iritis or of "inflammation of the eyeball," and treated ineffectually by leeching, calomel and opium, and similar measures. The severe pain accompanying the attacks of acute glaucoma, and the inflammatory character of the symptoms, favoured the confusion; and the use of leeches gave often a temporary relief, during first attacks especially; but more often the disease advanced, in spite of remedies (which simple iritis never does), the pains continued, the patient was kept for weeks or months under treatment—perhaps in a dark room and under the influence of mercury, and the eye was lost; and ultimately the practitioner was astonished to learn that the case had been one of glaucoma, that the sight was now irretrievably gone, and that timely iridectomy might have saved it. This was a literal sketch of very many cases which he had seen; it was that of the cases referred to. He had seen lately a remarkable instance of the power of iridectomy to restore vision after glaucoma, even under unfavourable circumstances. In the case referred to he had performed iridectomy, with the assistance of Mr. F. E. Webb, on a lady who was labouring under subacute glaucoma, which had been treated by leeches, calomel, opium, hot fomentations, a dark room for five weeks, and who was very much exhausted and disheartened, and of advanced years. She was still suffering wearing pain in the diseased eye; the superficial vessels were swollen and winding, the pupil ovally dilated, and the eyeball tense; sight was entirely abolished. Assisted by Mr. Webb, Mr. Hart performed a full upper iridectomy, with the effect of immediately removing all pain,

and of restoring vision so far that within ten days the patient could with this eye distinctly recognise features and read large printed letters. All medicine had been discontinued from the moment of the operation, and her health had steadily improved. The important features of glaucomatous disease of the eye in the early stages, Mr. Hart observed, were ocular, supra-orbital, and frontal pain, intermittent, but often intense, hardness of the eyeball—this was a capital point,—and dilatation, or at first, perhaps, only marked sluggishness of the pupil. In very acute cases there was intense redness of the eyeball, and extreme pain—just what would lead to a rough, but most mischievous and erroneous, diagnosis of iritis. But even by the rough signs to which he had referred, and without ophthalmoscopic examination (which decides the question), the surgeon might suspect that there was something more than merely iritis to deal with. Dilatation of the pupil in any degree, accompanied with pain or redness of the eyeball, was pathognomonic of glaucomatous disease; and whereas atropia or belladonna was most useful in iritis, it was most injurious in glaucoma. In subacute glaucoma the same mistake was often made: it was treated as subacute iritis, and, of course, without making any permanent impression on the disease. It was very distressing to have to pronounce cases of glaucoma as hopeless and irremediable; and hence his desire to draw attention to what he believed to be now the principal source of confusion, and the chief reason why cases of the kind still come frequently under notice.

ST. GEORGE'S HOSPITAL.

TWO CASES OF GAS-POISONING; RECOVERY.

IT is difficult to say what was the exact poison by which the men were affected in these cases. The symptoms detailed are very peculiar and interesting. The cases may be compared with one which we published from Guy's Hospital in the "Mirror" of March 10th, 1866. In that instance a man was poisoned by descending into a disused tar-boiler in which volatile hydrocarbons had accumulated. He was quite ungovernable, and resembled a person suffering from epileptic mania. In the cases before us there is also an epileptiform character in some of the symptoms. Dr. Reginald Thompson, medical registrar, has been kind enough to give us the following details.

(Under the care of Dr. BARCLAY.)

James F——, aged twenty-three, a gas-stoker, was admitted on the 15th November last. He had been in very good health until the night before admission, when he was seized with a fit of uncertain nature. He was brought into the hospital in the following state:—He was quite sensible, but dull and heavy; he had an oppressed look, and was slow of speech; there was no tendency to misuse words, but he had to some extent the appearance of being intoxicated; the eyes were much injected; the face was red and dusky; pupils natural, but very bright; he vomited frequently, and complained of much nausea; he had suffered from epistaxis; tongue slightly furred; pulse 100. The peculiar feature in his symptoms was, that he was every now and then attacked by clonic spasms, affecting both arms and legs, of a very transient character. The urine was natural. Temperature of body increased (100·2°). He was ordered calomel and a senna draught, and on the following day the symptoms had almost entirely disappeared.

(Under the care of Dr. PAGE.)

David B——, aged twenty-eight, a gas-stoker from the same works as the above, was admitted on Nov. 21st. He had been in good health until thirteen days before admission, when he was seized with a succession of fits (a dozen were reported), rapidly following each other, in which there was no loss of consciousness, but transient clonic spasms affecting the arms and legs, and accompanied with clinching of the teeth. Again, seven days before admission he lost his senses and fell down, the mark of the fall being perceptible on admission. He was insensible for one day, but returned to work a day or two after recovering his consciousness. The fits again recurred the night before admission; thirty were reported to have been observed. On admission he was rather heavy; face red; pupils natural; tongue large, white, and furred; urine natural; the bowels had been opened; no vomiting, nor pain in the head; pulse 100. At short intervals of four or five minutes he was affected in a very peculiar manner: loss of memory and of speech came on; he seemed to be dizzy; with a slight spasmodic action the head was drawn back; the arms were extended and became rigid, and occasionally he was seized with spasms of the muscles of the throat. After he had been freely purged, and had been in the hospital a day, these fits passed off, the pulse became quiet (60), and he very soon became able to leave.

ST. THOMAS'S HOSPITAL.

LIGATURE OF FEMORAL FOR POPLITEAL ANEURISM; CURE.

(Under the care of Mr. SYDNEY JONES.)

THE following is an example of a popliteal aneurism, in which the compression treatment, which is so often successful in this particular form of aneurism, failed to cure the disease, and the femoral artery was accordingly ligatured, with a successful result. Mr. Jones informed us that he saw the patient about six weeks ago, when he was quite well, and following his occupation.

Wm. L. S——, aged thirty-three, fishmonger, was admitted on November 17th, 1865. In the early part of the previous December he had complained of a pricking pain in the bend of the right knee, running down the calf. Soon after there was some contraction of the joint, and he discovered a pulsating tumour in the ham. In January he went into one of our metropolitan hospitals, and whilst there, until the end of April, treatment by compression was had recourse to in various forms—viz., flexion, digital and tourniquet compression,—and at the same time lead and opium were freely administered. When he left the hospital the swelling was very much reduced; a slight pulsation, however, remained. Until his admission into St. Thomas's he had walked with crutches. His knee had remained contracted, and any exertion was followed by increase of the swelling in the ham. About the beginning of October, 1865, whilst stepping down stairs, a burning, throbbing pain attacked the ham; the swelling rapidly increased, and the pain was so excessive as to deprive him of sleep.

On admission into St. Thomas's, there was a hard pulsating swelling in the right ham, the pulsation being readily stopped by pressure upon the femoral. He looked pale, but his health was fair. Heart's action quiet, and without bruit. He complained much of pain in the knee and ankle, and had not slept for two nights. Pulse 88, regular; tongue clean.

Some persuasion was had recourse to in order to induce him to submit again to pressure; but this he declined, having already suffered so much pain from that treatment. He wished either for amputation or for ligature of the artery.

Nov. 22nd.—The femoral was ligatured (silk) in Hunter's canal by Mr. Sydney Jones. Pulsation entirely stopped. In the evening the leg was warm, and no return of pulsation.

23rd.—Feels comfortable; no pain or pulsation in the tumour. Pulse 76.

24th.—Pulse 72; tongue clean. Temperature in the right axilla 91° F.

25th.—Has a little pain about the wound; slight purulent discharge; no pulsation in the anterior and posterior tibial arteries. Pulse 88; temperature 91° F.

27th.—Complains of frontal headache; tongue furred at the base. To take an aperient.

28th.—Better; tongue cleaner; bowels have been well acted on; no pulsation.

30th.—Wound healed, except along the track of the ligature. He says that at eight A.M. he felt a slight pulsation in the ham. This was also felt at eleven A.M. by the house-surgeon, Mr. Sankey. In the afternoon: no pulsation; pulse 80; temperature 91° F.

Dec. 2nd.—No pulsation since Nov. 30th. Tongue clean; pulse 72; temperature 91·8° F.

5th.—Tumour smaller and softer; leg warm; feels a shooting pain in the knee, and does not sleep so well. A little tenderness about the sac. Temperature 93° F.

8th.—Complains of much pain in the leg. Hot fomentations ordered to the knee.

11th.—Pain much less; tumour softer and smaller.

16th.—Seven A.M.: Ligature came away. No hæmorrhage; no pulsation.

The patient left the hospital cured on the 16th of January.

GREAT NORTHERN HOSPITAL.

FOUR CASES OF OVARIOTOMY, ONE OF WHICH WAS FATAL.

(Under the care of Dr. MURRAY.)

OF the four women whose cases are subjoined, although they were all patients at the Great Northern Hospital, only

one—the first described—was operated upon within the walls of that institution. By the courtesy of Dr. Murray, we had the opportunity of witnessing each operation, and noting afterwards the progress of the patient. We remarked three points of special interest in the cases. 1. The employment of a new mode of tying the pedicle. This was ingeniously contrived so as to secure the tissue with absolute certainty, and at the same time to require but one knot. 2. An arrangement by which the canula itself firmly held the ovarian sac during the tapping of its contents and its removal from the abdominal cavity. 3. The unusually (we think unexampled) small incision by which the removal was effected in one case. After recovery, a scar about the size of the navel was alone left to mark the point at which the sac had been withdrawn.

CASE 1.—C. W——, aged forty-three, mother of twelve children. First noticed something forming in her abdomen two months after her last confinement. She rapidly increased in size, and was admitted into the Great Northern Hospital in April, 1864. Her expression was anxious; pulse 96, and small; urine abundant, but with traces of albumen; legs œdematous; pain at lower part of belly. Girth at umbilical level, forty-two inches.

Her general health improved under treatment, and as she was desirous to have the tumour removed, Dr. Murray, assisted by his colleagues, performed ovariotomy on April 25th. The cyst was tapped, and removed through an opening of between four and five inches. The pedicle was secured by being transfixed with silk and tied, then cut close to the ligature and allowed to drop into the abdominal cavity with the ligature on, and cut short. The wound was brought together by deep and superficial sutures. But little blood was lost, and nothing untoward occurred during the operation. Within four hours after she was placed in bed vomiting set in, and, notwithstanding every remedy and means employed to stay it, continued until a few hours before her death, when she passed several motions. She died, exhausted, on the eighth day after the operation.

Autopsy, fifteen hours after death.—Belly greatly distended. Wound not united. Intestines distended to their fullest extent with gas. Evidence of a low form of peritonitis. The last twelve inches of the small intestine completely collapsed. The pedicle, with ligature on it, was lying loose in a fold of the large intestine. There was a little healthy lymph around it, and no evidence of its having caused the curious shriveled condition of the foot of intestine.

CASE 2.—M. C——, aged thirty, married, mother of four children, was admitted as out-patient in August, 1864, being then pregnant two months, and suffering besides from a distinct, movable, fluctuating, and increasing tumour. At the end of the eighth month of gestation Dr. Murray admitted her into the British Lying-in Hospital, and induced labour. After the first stage was over, Dr. Murray delivered her with forceps of a living child, chloroform having been employed. She made a good recovery, and left the hospital three weeks after her delivery. She first noticed the ovarian tumour when only eighteen years old, and had been treated for abdominal dropsy. It was very small originally, and did not seem to increase until between her third labour and the one just concluded.

On July 31st, 1865, Dr. Murray performed ovariotomy. He made an incision two inches and a half long, and, after tapping, removed a unilocular cyst of the left ovary. There was but one adhesion to the omentum, and the pedicle was secured and treated as in the last case. With the exception of an abscess near the line of incision, the patient made a good recovery, and since the operation has had one abortion, and is now in her ninth month of pregnancy.

We noticed in this case the new knot which Dr. Murray made in tying the pedicle. The ligature *in situ* described a figure of 8, so that with one knot the pedicle was transfixed and each half secured.

CASE 3.—A. H——, aged twenty, single, was admitted as an out-patient of the hospital, and remained under treatment for nearly twelve months, there being no immediate necessity for operative interference. In July last she became considerably weaker and larger, and begged that she might be relieved of the "weight" she felt. Dr. Murray removed the ovarian sac through an opening not more than one inch in length, tied the pedicle as in Case 2, and returned all into the abdominal cavity. The wound was closed by one deep and two superficial silver wires. The patient returned home six weeks after the operation.

These last two cases were operated on at the North London Deaconnesses' Institution, and received the constant and admirable nursing of the lady nurses connected with that institution. Dr. Murray also had the valuable assistance of Dr. Webb and Mr. Hulme, the medical officers of the institution, and also the advice of his colleagues Drs. Cholmeley and Crucknell.

CASE 4.—Mrs. C——, the mother of twelve children, was admitted as an out-patient of the hospital in the early part of this year with multilocular disease of the right ovary. For the last few months having rapidly lost flesh, and being very anxious to undergo an operation, Dr. Murray performed ovariotomy on the 14th of September last in her private room, as she did not like the idea of an hospital. The incision made was small, and the fluid portion of the mass was removed by a new trocar and canula, which by a self-acting movement secured the cyst-wall, and withdrew it from the abdominal cavity. The trocar also acted on a new and simple principle. It passed through and entered the canula by means of a slit in the elastic tube fastened to the canula for the object of conveying the fluid from the cyst to a receptacle. The pedicle, which was long and thick, was secured by the clamp. This patient made a good recovery, and was out of the house on the thirtieth day after the operation.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 29, 1866.

DR. C. J. HARE, PRESIDENT.

MR. PETER MARSHALL exhibited a very interesting specimen of non-malignant stricture of the œsophagus, which elicited from several Fellows of the Society important remarks and suggestions relative to gastrotomy and other means for prolonging life in cases of such disease.

Mr. HENRY LEE read a paper

ON THE TREATMENT OF ANEURISM BY ACUPRESSURE,

which will be found reported *in extenso* at page 519.

Mr. W. ADAMS thought Mr. Lee's case an exceptional one, but that in some instances the plan advocated might be applicable. He referred to a case (Mr. Gay's) in which the injection of two or three drops of perchloride of iron into a traumatic aneurism of the posterior tibial artery was successful. Surgeons often in such cases had used too much of the perchloride, one drop of which would coagulate a teaspoonful of blood. He had performed acupressure soon after the operation was first introduced, and thought favourably of it in some cases.

Mr. THOMAS BRYANT observed that the aneurism must have been one of a small branch of the popliteal, and therefore that the author of the paper must, in the operation, have steered luckily through many difficulties and dangers. He doubted if he himself would have adopted such an operation; he would have preferred cutting down on the vessel and treating the case in the ordinary way. The plan could not be adopted for securing the larger vessels, as the femoral or carotid; for there would be too much danger of inclosing the large veins, important nerves, &c., so that the veins, if not wounded, might be compressed, and destructive inflammation might be set up; and to avoid these dangers, almost as much dissection would be required if Mr. Lee's plan were adopted as if a ligature were applied.

Mr. LAWSON TATE had always employed acupressure, and thought the only danger connected with it was that of putting it at random under large vessels. You must dissect carefully down as for the application of ligature. The pressure is sometimes kept up too long, when suppuration may result; in the case of the femoral artery pressure for twenty-four hours is sufficient. Acupressure can be adopted in positions where ligature cannot be safely used. The essential condition for success is that the inner coat of the artery should *not* be lacerated, for if the two sides of the artery are kept together for a few hours they will unite. For six or seven years he had never used a ligature, and had never been troubled with secondary hæmorrhage. The great danger lies in compressing veins, not nerves. In two dogs he allowed needles to remain twelve and eighteen hours in the femoral vein; both died of embolism.

Dr. MACKINLAY, of Paisley, in an aneurism of the brachial artery, had passed one needle above and the other below the

aneurism. In two parallel cases, the one treated by acupressure and the other by ligature, the former did the better. Never once out of sixty to seventy cases had he found secondary hæmorrhage to occur. He mentioned a remarkable case in which, after acupressure had been badly applied, he was obliged to tie successively the femoral, the external iliac, and the common iliac, and the patient ultimately did well.

Mr. LEE replied, and remarked that it was more difficult than most persons supposed to wound a vein or artery with a modcrately blunt instrument. If you dissect down to a vessel you are much more likely to have suppuration around it than by simply passing a needle under it. In the case brought before the Society, the operation had not been done at random, but after a careful diagnosis. He denied, as being contrary to all experience in London, that the lining membranes of arteries and veins, when the two sides are brought into apposition, unite readily by adhesion, as stated by a former speaker. Mr. Lee also replied to the other observations made upon his paper.

Reviews and Notices of Books.

The Convolutions of the Human Cerebrum Topographically Considered. By WILLIAM TURNER, M.B. Lond., F.R.S.E., Senior Demonstrator of Anatomy in the University of Edinburgh. pp. 28. Edinburgh: Maclachlan & Stewart.

WE hail the appearance of this pamphlet with much satisfaction, and hope it will be the means of diffusing amongst pathologists and students that accurate knowledge concerning the external topography of the brain to which hitherto but little attention has been paid, but which is so necessary to those who hope to throw light upon the obscure field of cerebral physiology by means of pathological observations. Although for a long time, by the older anatomists, the arrangement of the convolutions of the brain was supposed to be without order and inconstant, presenting a maze whose intricacies it was hopeless to attempt to unravel, still for some time past, through the labours of Sömmering, Rolando, Leuret, Gratiolet, and other anatomists, this belief has been shaken; and now it is known that many fissures and primary convolutions appear in the fœtal brain, in definite order and at definite times, and are also to be constantly recognised in the adult, notwithstanding the variable appearances presented by the different degrees of complexity of certain secondary convolutions developed from the primary. Seeing, therefore, that the whole external surface of the brain may now be accurately mapped out and named, it is important that all who are desirous of contributing to cerebral physiology and pathology should make themselves thoroughly conversant with the names and extent of the several fissures and convolutions, so that the precise seat of superficial pathological lesions may be recorded, or the portions of an idiot's brain deficient in development may be at once ascertained. This knowledge is now rendered easily accessible to all by Mr. Turner's admirable pamphlet. It is based on a lecture delivered in the spring of this year before the Royal Medical Society of Edinburgh, and appeared in a recent number of the *Edinburgh Medical Journal*. It contains engravings, and gives a clear and succinct account of all our knowledge upon this subject, embracing the most recent investigations. All the details of the subject may be easily mastered in two or three hours. We strongly recommend this pamphlet to all interested in the progress of cerebral physiology.

An Index of Diseases, and their Treatment. By THOMAS HAWKES TANNER, M.D., F.L.S., M.R.C.P., &c. London: Renshaw. 1866.

DR. TANNER has been peculiarly happy in appreciating and in supplying the wants of the profession in works on the practice of physic. His therapeutics and his pathology alike have had a more modern aspect than those of more standard works. They have been extensively consulted, as they deserve to be.

The "Index of Diseases," if properly employed, is calculated to be useful. It is essentially the skeleton or the outline of Dr. Tanner's larger works on the practice of physic. It gives the derivation of words after the manner of a good medical dictionary; an outline of every disease, including many surgical diseases; an admirable collection of formulæ; and an account of the various climates of the world suitable for invalids. At the beginning of the work is a tabular synopsis of subjects which does double duty as at once a nosology and an index.

The advantage of, and the objections to, a work of this kind are very apparent. To the busy practitioner it must be an advantage to see at a glance, on a quarter or half a page, the principal points in any disease about which he may wish to have his memory refreshed or his mind stimulated. It is only bare justice to Dr. Tanner to say that in these short outlines of subjects—whether diseases, points of diagnosis or treatment, descriptions of climate, &c.—he has succeeded wonderfully in fastening upon essential facts, and in laying the foundations of sound judgment.

On the other hand, the book is capable of being ill-used or abused. Men of an idle habit, or who have a tendency to routine, would be apt to find it too convenient—to take these fragmentary descriptions as dogmas which exhausted the subject, and dictated, without need of discretion and reflection on the part of the practitioner, the disease and its treatment. It is a bad book for all who have not studied disease and its treatment fully for themselves, and in more complete treatises.

With these qualifications it is a very useful work, and will be found a most valuable companion to the judicious practitioner. The description of climates and mineral waters at the end of the volume is excellent, though, by the way, the author does not give the latest analyses of the chalybeate springs of Harrogate.

Tapeworms (Human Entozoa); their Sources, Nature, and Treatment. By T. SPENCER COBBOLD, M.D., F.R.S., Lecturer at the Middlesex Hospital. London: Longmans and Co. 1866.

As the author observes in his preface, "this little work is essentially practical in its character." It is a great thing to get in so short a compass, and in such an admirably clear and simple style, a description of tapeworms at once so practical and so authoritative as this. Dr. Cobbold points out that what is considered the common form of tænia—the tænia solium, the armed or pork tapeworm—is really comparatively rare; and that the common form in this country is the tænia medio-canellata, the unarmed or beef tapeworm. Out of one hundred and twenty human tapeworms examined by the author, not less than ninety-five were examples of the tænia medio-canellata or beef tapeworm. We can only regret that Dr. Cobbold did not in one volume include a similar description of all the common forms of worm. We can boast now of an authoritative helminthologist. He has done good medical service in this account of tapeworms. When the edition is exhausted, let us hope that he will give us a larger book—and it need not be much larger,—including an account of the other common forms of human entozoal worms.

THE BLACKBURN INFIRMARY.—The Duke of Buccleuch has subscribed a hundred guineas towards clearing the debt on the Blackburn Infirmary. The Duke, in his letter enclosing the cheque, says he does not know an instance of a nobler list of subscriptions for a similar purpose than that which has been forwarded to him.

MIDDLESEX HOSPITAL MEDICAL SOCIETY. — The first general meeting of this rising Society for the session 1866-67 was held at the Middlesex Hospital on Thursday, Nov. 1st, Dr. J. Burdon-Sanderson, president, in the chair. Dr. Robert Liveing read, before a numerous audience, a paper "On the Pathological Relations of certain forms of acute diseases commonly known as Fevers." A discussion ensued, in which many of the members took part. A unanimous vote of thanks was then accorded to Dr. Liveing.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 10, 1866.

THE humblest individual through whose hands a specimen of the inferior coinage of the realm passes, has the opportunity of confirming himself in a cardinal point of an Englishman's creed by observing the well-known helmeted figure, with trident and shield, which is supposed to represent the tutelary genius of these islands. That "BRITANNIA rules the waves" it would, indeed, be heresy to doubt; though there are many who have probably had serious misgivings about the cost—not in money alone—at which our hold on the reins has been in times past maintained. We are happily relieved from the necessity of watching questions of politics and finance, and can, therefore, devote our attention to those vital matters of disease and health which come strictly within ts *métier*. So when the affairs of the army or navy come uppermost in the public mind, our functions of hygienic investigation have "ample room and verge enough," whilst our non-medical contemporaries keep a sharp look out in other directions: we have all our parts in the grand system of division of labour upon which the universe is sustained. Fortunately for us, this system has long since been recognised in the State, and the several departments of the Executive now present reports which are special in their application to some one or more kindred branches of the service: of these, the Medical Department of the Navy is one of the most important, and the appearance of its Blue-books relating to the health of our naval forces is always looked for with interest.

The dangers of the ocean have been vividly depicted in the scenes of shipwreck and battle with which we are all familiar; but it is unquestionable that the mortality at sea due to these two favourite themes of romance, in the days when fighting was the rule rather than (as now) the exceptional occupation of the navy, was always insignificant in comparison with the wholesale destruction of crews by disease. The records of the navy show, indeed, that the mortality on board ship may be raised to almost any extent; and it has been said with strict truth that "the heads of the Naval Department have the men's lives so completely in their hands, that a given number may be put to death at will without employing any other agency than bad food and bad air." Thus, looking over the accounts of early voyages, we see that the expedition of DE WERT (1598) in two years experienced an annual death-rate of 49 per cent.; the first fleet of the East India Company (1601) lost 105 men out of 528 in seven months, or a yearly rate of 33 per cent.; ANSON (1740), with three ships and 961 men, lost in ten months at the rate of 116 men per cent. per annum. Yet in 1772 COOK sailed in the *Resolution* from Deptford with 112 men, and after being exposed to all extremes of heat and cold, returned at the end of three years with the loss of only four men—three by accident, one by disease. Again, the voyages of PARRY in the beginning of the present century further established the possibility of reducing the casualties at sea to a minimum by judicious care in the matter of ventilation, good food, and an abundant supply of fresh water. The mortality in PARRY'S two voyages of 1819 and 1824 was at the remarkably low rate of less than one per cent.

We have received the last two official reports of the Navy Medical Department, of which one is the detailed report for the complete year 1863, and the other an abstract of the latest information on the health of the navy for the twelve months ending June 1865. These two papers taken in conjunction bring the sanitary statistics of the navy in a continuous form (with the exception of a few months) up to "as late a period as the middle of last year." We quote these words from Dr. MACKAY'S last preface; but, with all deference, we must observe that the reason why the detailed medical report for the navy should be a year in arrear of that for the army is by no means apparent. Our ships are scattered all over the world, it is true; but then, so are our land forces; and the compilation of one set of returns cannot be so much more troublesome as to necessitate their being a year in arrear of the other. We merely throw this out for the consideration of the authorities of the navy; to whom also we would suggest that the practice of adopting two different dates for the completion of the year's statistics is objectionable, and might, we think, be discontinued with advantage.

Both the returns show a state of health in the navy which is very satisfactory. The death-rate in 1863 was 1·73 per cent.; and this, by comparison with the average of the preceding seven years, shows a clear saving of 6 lives in every 1000 of average strength; that is to say, if the mortality in 1863 had been as high as the average rate, the deaths, which numbered 619 from all causes, would have been raised to 920; and there is no reason to doubt that the 200 lives which make up the balance of the two rates have been saved by increased care for the health of the men, rather than as the effect of any chance conditions of the service. In the twelve months ending June, 1865, the mortality was increased to 1·39 per cent.; but this appears to be due chiefly to an increased proportion of deaths by drowning and accident: for instance, the mortality of the South-east Coast of America station was suddenly raised from an average of 1·87 per cent. to 10·38 per cent. in consequence of the loss of the *Bombay* by fire in the river Plate, when the progress of the flames was so rapid that in the attempt to escape 90 men and 1 officer were drowned. The mortality from disease alone has averaged 1·19 per cent. in the last nine years (including the exceptionally high rate of 1858); in the last two years the corresponding rate was ·8 per cent. If we compare the health of the sister services, the army will be found to lose the greater proportion of the two, by death. And one cause of this difference no doubt arises from the greater liberty and freedom from restraint which the soldier possesses. In garrison or camp there are abundant opportunities for him to contract disease which are denied to the sailor on a cruise, where every minute of the day he is subject to the inspection of his officers. Moreover, the services of every sailor are always essential, and often vitally important, to the safe working of the ship, and he is consequently watched with proportionate care lest he should become inefficient. So the sick list of a man-of-war is frequently augmented by affections of so trivial a character that men are only placed thereon to prevent slight ailments from becoming

aggravated, and thus the sick time be greatly prolonged. No sooner, however, does Jack get safely housed in port than he runs into all kinds of excesses—the greater because of the abstinence which a cruise enforces. Hence the reports from every station tell of the same sort of thing going on. Venereal disease in all its loathsome forms is communicated, and an amount of mischief done which soon makes itself apparent in the books of the ships' surgeons. In 1863, says Dr. MACKAY, the squadron on the home station experienced "a daily loss of service equal to about two hundred and eighty men, from those diseases which have so long been the opprobrium of our home ports, but which latterly have been much checked by the operation of the Contagious Diseases Act, and are likely rapidly to diminish under the influence of the more effective Act which has recently become law." There was a decrease in syphilis on the Home, Mediterranean, South American, West African, and Australian stations, but a great increase (nearly double) in the East Indies and China, and on the Pacific stations. A strict surveillance of prostitution is the rule in the Mediterranean ports, while the Japanese ports are pre-eminent for prostitution and syphilis in their most unblushing and appalling forms. The statistics of venereal disease for the more recent period (1864–5) are not given, but it appears that as yet little or no decrease has been observed amongst ships' companies stationed in or fitting out at the home ports, and the Japanese "unfortunates" are still in the full enjoyment of liberty to prostrate both the moral and physical health of a ruinous proportion of the men of her Majesty's navy. So many diseases have their origin in the syphilitic virus that until the present excessive amount of acknowledged sickness from this one cause be reduced to a radical extent, it is next to impossible that a true estimate can be arrived at of the mortality fairly chargeable to a seaman's life. The assertion that the whole organisation and discipline of the service are favourable to health, we quite concur in, and it is reasonable also to believe that the sick rate of the navy depends rather upon the nature of the station, and the character of the duties upon which the men are employed, than upon the construction or class of vessel in which they may be serving. Yet that the salubrity of a ship, like that of a house, will be very greatly affected by the amount of light and air obtainable for the occupants is unquestionable; and it is, therefore, satisfactory to be assured by Dr. MACKAY that our navy of the future—the iron-clads,—about which many doubts have been expressed on sanitary grounds, are likely, so far as present experience justifies an opinion, to prove, at least, as healthy as their brethren of the deep. If our naval constructors can supply us with ships which shall be at the same time practically invulnerable and perfectly healthy as habitations for our sailors, then, indeed, we may hope yet to preserve our glorious old traditions, continuing to emblematise them upon even the smallest coin which the advocates of the decimal system may in their wisdom eventually provide.

IN the absence of any *cause célèbre* of a poisoning nature, it may seem an inopportune time to speak of the detection of poison and poisoners. On another view of the case, however, this absence makes the time opportune. We can say what we have to say on the subject with the least amount possible of personality, and we can say it with cooler judgment than under the disturbing influence of a great crime, especially if there happen to be a professional element in the case. In speaking of the absence of a great poisoning case, by the way, let us not be supposed to have forgotten the Pontefland cases, or to have relinquished our conviction that the present state of the investigation of the facts of them, especially the legal investigation, is most unsatisfactory and incomplete. Unless these cases admit of an explanation similar to that of a like group described by a correspondent last week, they imply serious guilt, which should, if possible, be traced.

The first thing we have to say is that if cases of chronic and skilful poisoning are to occur again—and we fear we are not so near the millennium as to be entitled to believe that they will not—it is highly desirable, for the credit of the profession, and for the additional security of life that must accrue, that the process should be exposed and detected during the life of the victim and in time to save it. We know the excessive difficulty and delicacy of the duty which we impose here upon the practitioner—for it is upon the sagacity of the medical attendant that we must mainly rely for the accomplishment of the end in question. We know how far wrong an unsagacious man might go upon this idea, and so bring discredit upon himself and temporarily upon perfectly innocent and respectable persons. Nevertheless it is an extremely desirable thing that, in future, cases of chronic poisoning should, before the occurrence of death, be distinguished from cases of disease. The question is one simply of skill in diagnosis, and therefore of professional duty. And when we consider how near, in some late cases, the practitioner has been to the success which we desiderate, we cannot but hope that in future cases the point will be gained, and that thus, by the growing accuracy of diagnosis as well as the growing knowledge of the toxicologist, chronic poisoning will become so sure of detection as to be relinquished.

We do not intend to discuss at length the mode of procedure to be adopted by any practitioner who is troubled with an impression that he is treating a case, ostensibly one of disease, and probably one of poisoning. Consultation and examination of secretions for poisons are easy resources, and involve nobody's feelings. They can be done without the expression of suspicion. Arsenic or antimony can be looked for in the urine, as albumen can. The prohibition of the administration of food, and other intercourse with the sick, by those who ought to be most trustworthy, is a more serious step. But even this is not so difficult a matter, except in guilty cases and circumstances, as we are apt to suppose it to be. And there are circumstances easily conceivable in which it should be insisted on as an element in a crucial diagnosis. All details, however, are matters of casuistry to be determined by the practitioner. We urge the cultivation of diagnosis to only a little further extent than has been already realised in recent cases.

On the subject of the detection of poisons our single word is to toxicologists rather than to practitioners. What is the present state of the toxicology of strychnia? We apprehend that authoritative opinion upon this question has materially changed since the time of PALMER's trial in 1856. A continental toxicologist—Dr. LION, sen.—said in 1863 (*Deutsche Klinik*) that there is, perhaps, no one of the alkaloids which can be detected with so much certainty, even under unfavourable circumstances, as strychnia. An English toxicologist

lately said that it was the most easily detected, and detectible in the smallest quantity, of all the alkaloids; and that he had himself detected it thirteen months after administration. It is well known that the majority of English toxicologists hold this opinion. We are not aware that DR. TAYLOR has formally expressed any change of the opinion he held on this subject ten years since—to the effect that it was decomposed in the blood, and not to be detected there or in the tissues when it had been administered in quantities barely sufficient to destroy life. We gather, however, that such may be the case from the way in which he speaks (in the eighth edition of his "Manual of Medical Jurisprudence") of the process of STAS for the solution of strychnia out of any tissue or organ, and of its recovery therefrom in crystalline form. We should be glad to know that there was a practical unanimity of opinion among authorities upon so important a point as this. The fact of poisoning by strychnia may be testified without chemistry more easily than the fact of poisoning by other substances. But it is highly desirable to have the confirmation of chemistry, even under comparatively clear circumstances; and it is easy to imagine cases in which a prosecution might fail for want of this evidence, when otherwise it would succeed. This would be very likely to happen, in the present state of toxicological opinion, with any weakness of chemical results.

THERE are two facts in regard to the social condition of France that cannot fail to be of interest to our profession, and must be a source of great anxiety to the statesmen of that country. The first of these is the terrible mortality of infants; and the second, the decrease of town population. M. HUSSON is quoted by *The Times'* correspondent as follows:—

"For the present it cannot be concealed that the population, which is the primary wealth of civilized countries, and the principal power of great nations, is diminishing in France, or remaining stationary. Formerly the average was five children for each marriage. At the commencement of the present century there were more than four (4·20) for each legitimate union. Now it is the utmost if there are three throughout all France, and in Paris the average is only two."

The progressive diminution of population is especially noticeable in each of the five departments of old Normandy, excepting the great towns. But in some departments even the town population is diminishing also. This is particularly true of the Orne, the Eure, and Calvados. The *Journal de Rouen* says:

"The result of the quinquennial census of the population of our city is deplorable. The population of Rouen, which in 1861 was 102,649, has diminished in five years by 9630, and is now not more than 93,019. On the other hand, the number of houses, which is now 13,991, has increased by 991. The decrease of the population in such proportion, and so rapidly, calls for the most earnest attention of the superior administration, and particularly of the municipal authorities. Two causes, in particular, may be pointed out as exercising a fatal influence on the population of our city—first, the heavy imposts of which the octroi duties form so large a part; and second, the enormous mortality amongst young children, of which we find every day sad proofs in our obituary."

This brings us to some illustrations of the mortality of infants given by our contemporary's correspondent. This mortality occurs chiefly among children that are confided to the care of nurses in the country, as we explained a few weeks ago; and it goes on steadily increasing. In France generally the mortality of young infants may be taken to be about 19 or 20 per cent. In the Hospice des Enfants it used to be, from 1839 to 1858, 55·88 per cent. In 1864 it had fallen to 39·26 per cent., or double the average mortality in the whole of France. This is a very high mortality, and does not say much in favour of foundling hospitals. The mortality of the children in Paris confided to the care of nurses increases. "From 1839 to 1858 it was 29·71; from 1859 to 1864 it rose to 30·02, and even to 40·07; and that from 1859 to 1864 was 33·93." A quarter of these were illegitimate, and born in unfavourable circumstances. But the most effective dispatch of infants is in the departments. It was 85 per cent. in the Manche; Indre and Loire, 62; Côte d'Or, 65; Seine and Oise, 69; Aube, 70; Eure and Calvados, 78; Seine Inférieure, 87; Loire Inférieure, 90.

M. HUSSON explains to a great extent the difference between the mortality of infants in Paris and that of infants in the departments. The former are benefited by the "Direction des Nourrices." This only applies to Paris. Children sent out of Paris are left to the tender mercies of private nurses. And the number sent out of Paris in this private way is greatly on the increase. Formerly the number of children put out by the "Direction" amounted to 10,000, when the population of Paris was only 700,000 or 800,000. Now the children put out through the "Direction" are hardly 2000, though there is double the population. This is explained by the fact that private offices pay money premiums to midwives and some accoucheurs for procuring children to be thus nursed to death.

These facts are as sad as they are well ascertained. M. HUSSON thinks that the great thing to do is to ascertain the nature of the mortality and the causes of death. We shall look with interest to the report upon this subject of the Academy of Medicine, to which the question has been referred. At the same time we must say that we look with not much curiosity. It is easy to imagine how this mortality comes about. The difficult thing is to devise means to stop it. This end will not be much advanced by the information, which will doubtless be forthcoming, that a kind of marasmus is the disease of which these infants die. Chronic want of proper food and want of care produce a peculiar condition, which, by the undiscerning or the wilfully blind, may be called disease, but which on any physiological view can only be regarded as starvation. We hope the Academy will be plain on this point, and will give the Minister of Instruction to understand that there is a murder of infantile life going on in a systematic way and on a huge scale which is as demoralising as it is destructive. The question is one for statesmen and moralists rather than for physicians. We are told that Paris alone sends 18,000 children a year to nurse in the country. When it is remembered that only a quarter of these are illegitimate children, and the large proportion, therefore, the children of married parents, the true seriousness of the facts will be apparent. Infertile marriages and defective care for the few children that are born, indicate a strange state of society. The Academy of Medicine may be able to throw some light on the infertility of marriages in France and on the mortality of children; but there are deeper evils in the case than those which it is the province of physicians to cure.

IN THE LANCET of the 29th of September attention was directed to a Report then recently issued by the permanent Sanitary Committee of the War-office upon the circumstances attending a late epidemic of scarlet fever amongst the children of married soldiers at Aldershot camp; and the disclosures contained in the Report with regard to the deficiency of accommodation for the men, their wives and families, were strongly commented upon by us, to whom it seemed that the army authorities had pursued a course inimical to the health of the troops, and necessarily obnoxious to the national interests. We remarked, however, that the Report of the Sanitary Committee was dated early in the present year, so that there was a possibility of ameliorative measures having been adopted subsequently, although the well-known tardiness of administrative action reduced the probability to a degree represented by a very small exponent indeed. The public is so thoroughly accustomed to the *laches*, both of the army and navy executive, that a new story of maladministration is looked for periodically almost as a matter of course, and the *couleur de rose* tone of ordinary official reports on the affairs of these two militant departments of the State machinery in nowise removes the wide-spread feeling that, nevertheless, there is something wrong going on somewhere if one could but see beneath the calm exterior of War-office and Admiralty optimism. But the Report of the Army Sanitary Committee differs altogether in its character from the general run of official reports; it comes to us as a voice from behind the scenes, and, without fear, favour, or affection, lays bare the way in which the "How *not* to do it" system works when it has its full swing. It is hard to believe that such an *exposé* could have been agreeable at Pall-mall or the Horse-Guards, and there is all the more reason, therefore, that we should be thankful to Dr. SUTHERLAND and his colleagues for what we hope is but an instalment of the light which it is in their power to throw upon the whole of the arrangements affecting the health and comfort of the rank and file of her Majesty's forces.

Officers have ample means of letting their grievances be known; but (as was recently shown by "A late Common Soldier" in the *Fortnightly Review*) the obstacles which a rigid routine interposes between the men and any public exposition of their wants or discomforts are practically insurmountable.

We wonder how many thousands of Londoners of all classes have visited Aldershot since its establishment who have, nevertheless, returned no wiser than they went about what was going on in those dreary black rows of convict-settlement looking huts; but now that the story of how men, women, and children were crammed into spaces barely sufficient to admit of movement has been told, no doubt many an inquiry will be made, and many a glance taken at interiors which formerly would have passed unnoticed. Thus good is constantly evolved out of evil, and the power of those in authority to do mischief is lessened with every additional ray of light attainable by the public upon the *arcana* of administration.

It is to aid in diffusing this light, no matter whether upon the functions of Government departments or of parochial and municipal authorities, that THE LANCET Sanitary Commissions —and notably the Workhouse Infirmary Commission, which exposed abuses that have already been partly remedied, and which we trust will be still further dealt with when Parliament meets — were established. Our labours have been most handsomely acknowledged by the general press, as well as by all who have at heart the advancement of sanitary science in combination with a more enlarged provision for the health of those classes who would not, unaided, be able to obtain for themselves what is so absolutely necessary alike for rich and poor. It seemed to us, then, that our Commission might be legitimately employed in extending the inquiry of the Army Sanitary Committee by an independent observation of the state of things at Aldershot *now*; and thus the public would have an opportunity of learning how far the War-office authorities have been influenced by the recommendations of their own subordinate officials who were specially charged with the duty of collecting evidence on the subject in question. The Reports of our Commissioners will appear successively in this journal for the next two weeks.

Medical Annotations.

"Ne quid nimis."

THE LIBERTY OF THE SUBJECT AND THE IMPORTATION OF DISEASE.

WE lately published an illustration of the importation of disease from the report of the medical officer of health for Lincoln. He traced the importation of a case of small-pox from Sheffield into a little village near Lincoln entirely free from the disease. Upwards of twenty cases of small-pox, and one death in an unvaccinated child, resulted from this introduction. This week we have an illustration of the conveyance of typhus fever to a healthy place, and a large following of cases and deaths among a population favourably circumstanced in a sanitary point of view. The unfortunate place of this occurrence was happily the "model village" of Scorton, situated between Lancaster and Preston. According to *The Times*, from which we get the facts, it has neither a public-house nor a beer-shop, and the villagers generally are unusually healthy. The disease was introduced by a widow, who had a daughter at Wigan ill of fever. To this daughter she sent another daughter, who took the disease. Thereupon the mother went to nurse the two daughters. The mother was taken ill. The daughter who had left Scorton died of fever. The mother and daughter who survived left Wigan for Scorton. The man who assisted them out of the conveyance at Scorton was attacked with fever and died. The widow was in the habit of washing for a man named Wells. Three members of Wells's family took the disease; and one, a fine young woman of twenty-two, died. And so the disease spread, till of thirty-six families in Scorton twenty-three were more or less affected by fever. There were in all eighty cases and ten deaths.

The Times' report says that the disease was in the first instance gastric fever, and ultimately degenerated into typhus. We may be pretty sure that it was one disease throughout, and, from its intense contagiousness, doubtless, pure typhus. We may further observe that the very fact of the previous healthiness of this population partly explains the spread of the disease. Typhus, like all true contagious diseases, only occurs once in a lifetime. In a healthy village like this, probably a large proportion of the population had not had the disease before, and therefore were highly susceptible of the contagion. Great praise is due to Mr. Peter Ormond, of Scorton, who made his house into a fever hospital, procured a nurse and three doctors, and in all ways acted most generously and humanely.

But how long is it to be permitted that people with con-

tagious diseases shall move about in this manner? Here are eighty cases of fever and twenty cases of small-pox traced to the movements of three people. We would remark that these people violated the thirty-eighth clause of the Public Health Act, no doubt ignorantly and without any idea of the great amount of suffering that was to follow in their train. Whose business is it to point out to people recovering from contagious diseases the restrictions imposed upon their movements by Act of Parliament? If it is nobody's, then a most important part of the late Act, from which so much was expected, will be inoperative. Let it be remembered that we have probably only heard of a portion of the results of the movements of these three people, and that doubtless fellow-passengers of whom we have heard nothing contracted the disease and communicated it in their respective spheres. It is as possible to touch fire and not be burned, as to be shut up in a railway carriage with a patient with typhus or small-pox and not incur a great risk of taking the disease. The fate of Scorton teaches us the valuable lesson that even healthy communities cannot resist contagion, and that they as well as other places have an interest in the restriction of the movements of convalescents from contagious disease. How much better would it have been for the village of Scorton to have kept the widow and her daughter in comfortable idleness in Wigan for a month, and so to have prevented their return to Scorton. To follow any other course in such cases is to be penny wise and pound foolish.

SERVICE IN THE NAVY.

THAT medical officers should obtain their social privileges on board ships of war by length of actual service, when other civilian departments do so by length of standing on the list, counting half-pay time as well as that of actual service, is not a sentimental grievance, but a real disadvantage to our profession; because within given ages the medical man must be always behind those who count by seniority. We do not contend that our naval brethren should obtain such privilege on easier terms than they do at present; but we think that "actual service rendered to the country" should be in all cases the regulating principle. This difference causes inequality, which brings discontent.

We say so much, as we have received letters referring to an Admiralty circular on the future distribution of cabins—exclusive of the commander's and master's—to be in accordance with the *seniority* of the officers who equip the ship, without regard to relative rank, which we accept as well intended and of liberal spirit. If all professional men started equally in the service, this principle would be all that is required; but so long as legally-qualified medical practitioners hold inferior status relatively to other non-seafaring professions, on entry into the service, it will be in some degree liable to misinterpretation. Naval instructors properly take rank with paymasters; medical men with assistant-paymasters on entry. And the surgeon does not take equal rank with paymasters before he has completed six years of actual service. The question raised is whether the order is meant to give the medical officer the full social benefit of his seniority from entry into the service. If it be so it will be satisfactory to the profession.

We see no reason why the young medical man should not start from the same platform as young chaplains, instructors, and full paymasters. As professional men, the former bring with them their education and full qualifications for their several offices, placing them in a group distinct from all those branches that owe their education to the navy itself, which, in that case, has a right to set its local value on the qualifications it has imparted. This inequality of the *professions* on entry into the service causes disgust to many, and accounts for the early defection of so many young medical officers.

We imagine that very much of prejudice to the young medical practitioner depends on a title which implies professional inferiority, if not incapacity; and we conceive that by its abolition, styling them *surgeons* from the first, classified in two classes by seniority, or by promotion after a second examination, as in the French navy, and surgeons-major instead of staff surgeons, as at present, a due recognition of professional status would be accorded to the young legally-qualified medical man at sea.

The order to which we refer will, we think, render some such change necessary, not only in justice to medical officers, but for the service itself, so as to free the authorities from the pressure of other classes to obtain whatever it is found necessary to concede to our profession in order to draw candidates.

With the medical profession alone it is a question of supply and demand regulated by market value outside, and we do not wish to see the question complicated; it has already been placed in a wrong groove, from which it must be extricated before good men will enter the navy.

A letter from a "A Surgeon in the Navy" in our last week's issue seems to us to set this question in a right light, and assists us in making these remarks.

THE BRITISH PHARMACOPŒIA.

WE are loth to say anything prospective of the new Pharmacopœia, but in reference to the remarks which we last week made touching the great delay which has occurred and the apparently indefinite postponement of the publication of an edition which was read in slips in May last, we have been assured that there is every reason to anticipate the proximate completion of the task and the issue of the new edition "early next year"! It is admitted that a very great deal of time has been consumed in the preparation of the work, but it is stated that delay cannot well be avoided when the several members of the committee reside so far apart and where the frequent transmission of proofs and corrections has to be made. A source of a good deal of delay is to be found in the insertion of both the old and the new systems of notation, concerning which much discrepancy of opinion exists. This was, however, determined by the Council at their last general meeting. We are assured that there exists a very earnest desire to render the work worthy of itself and of those under whose auspices it is issued, and to ensure its being useful and acceptable to the profession. All this may help to reconcile us to the delay, but meantime let purchasers beware of the old edition, which ought no longer to be sold at full price.

THE MEDICAL BENEVOLENT FUND.

THE Committee of this Fund, one of the most useful and unexceptionable of public charities, has just issued its biennial appeal. Facts speak for themselves: here are a few facts connected with the administration of this Fund, and showing what it is doing. There are now thirty annuitants, between sixty-seven and eighty-eight years of age, and in most instances in feeble health, who are saved from want in their declining years. In addition to these, in the year 1865 the sum of £770 was distributed amongst eighty-eight cases of distress, some being of the most painful and urgent character; and in the first seven months of 1866 sixty-five applicants have received relief amounting in the aggregate to £680. Very few of these could have been reached by any other existing charity; and besides the alleviation of misery, it has frequently happened that the grants have been the means of enabling the recipients to regain a self-supporting position.

The manner of working the Society is admirable. All its agencies are voluntary, all its officers are honorary, and a room for the meetings is generally furnished by a member of the Committee. The expenses are therefore reduced to a minimum. The applicants are only required to furnish evi-

dence of their necessities and of their good character: they have not to endure the exposure, labour, and expense of a public canvass; the relief reaches them promptly, and, if need be, privately.

The Fund has lost warm friends in Mr. Newnham, Mr. Toynbee, and Sir Charles Hastings. It has found a new honorary treasurer in Dr. Sieveking, and a new honorary secretary in Dr. Broadbent. These are the two officers on whom the stress of work chiefly lies in such an association, and applications or donations should be addressed to either one or the other. The funds of the Society are limited, the applications numerous and pressing; and we can conceive no stronger claim than that which is inherent in the urgent distress of our professional brethren and their families, and no readier or more kindly way of meeting those necessities than the prompt, discreet, and intelligent system adopted by the Medical Benevolent Fund.

FEVER HOSPITALS IN LONDON.

A VERY useful work is likely, we hear, to arise indirectly out of the late cholera visitation in East London. The hospital accommodation for fever cases in the eastern districts has long been felt to be quite insufficient for the wants of that part of London. There is a solitary Fever Hospital at Islington, which has rendered admirable service; but it is for the entire metropolis, and is distant some three or four miles from the centre of the eastern districts. The result is that patients sometimes die on the road to the hospital, and their chance of recovery is always much prejudiced by the long journey. Practically, the effect is that the great majority of fever patients are treated in their own homes, to the detriment of the neighbourhood, as disinfection cannot be properly carried out under these circumstances. The medical officers of health are just now memorialising the Committee of the Commercial-street Temporary Cholera Hospital on this subject. They hope that the Committee, which has worked to such good purpose in supplying hospital assistance for cholera patients, will develop the institution into a permanent hospital for fever cases. The idea appears an excellent one. The situation of the hospital is convenient, and, what is very much to the purpose, the neighbourhood has become accustomed to the presence of an institution for epidemic disorders.

CURIOSITIES OF MEDICAL LITERATURE.

AMONG the curiosities in the literature of our profession the advertising department occupies a prominent position. Without alluding particularly to the effrontery with which the advertisers sing their own praises, it would be amusing, if it were not derogatory to the dignity of men occupying really respectable positions, to observe the manner in which they puff themselves in advertisements of their works. In Melbourne, however, a professional advertiser assumes for himself a position which the most sanguine of his brethren on this side of the Pacific would never dream of taking.

A certain Dr. Thomas, who practises in Melbourne, announces himself in large capitals as the only legally qualified surgeon advertising in Australia. He founds his claims to the confidence of the public upon the following most extraordinary statements. He is

"Member of the Royal College of Surgeons, Licentiate in Midwifery, Member of the Council of Medical Education, London, and Member of the Medical Board of Victoria. These diplomas are to be seen in the waiting-room.

"On 8th June, 1858, Dr. Thomas was elected Resident Surgeon, by examination, to the South-West London Hospital, over thirty-six competitors.

"On the 11th of February, 1859, Dr. Thomas passed his double examination at the Royal College of Surgeons, England, and received his diploma, and a first-class certificate in surgery from the president, Mr. Green; also a first-class certificate in pathology and physiology from Mr. Stanley, senior surgeon to St. Bartholomew's Hospital.

"On 18th November, 1863, Dr. Thomas obtained first prize and first chair at the Senior Medical College, Hyde-park, London, for his treatise on diseases of the blood, over ninety competitors, all of whom were legally qualified surgeons.

"On the 11th day of February, 1864, Dr. Thomas took first-class honours at the Royal College of Physicians of England, and received his physician's degree and a first-class certificate in the principles and practice of medicine from Dr. Watson, president of that college; also a first-class certificate in midwifery and eulogy, from Dr. Arthur Faire, physician extraordinary and accoucheur to her Royal Highness the Princess of Wales; another first-class certificate in surgery from Mr. M'Erichson, senior surgeon of the University College, London. Four first-class certificates from Doctors Lawrence, Risden, Bennett, Page, and Le Gros Clarke, in the cure of nervous diseases, the uses of the microscope, chemistry, botany, and materia medica.

"On the 16th of March Dr. Thomas received a lengthened professional examination by Dr. Oldham and the celebrated and world-renowned Dr. Robert Lee, and was presented by them with a first-class prize on the diseases of women and children; also a valuable work in appreciation of his attainments.

"In March, 1864, Dr. Thomas met the examiners in midwifery of the Royal College of Surgeons of England, and received a special diploma in practical midwifery from that college."

With characteristic modesty Dr. Thomas states that

"He advertises these degrees solely with the view to show the public that he has worked assiduously and honourably in the study of his profession, and that he is in every way worthy of their confidence; and although it may not be altogether professional for a physician to advertise, yet it is the medium through which patients may discern the qualified from the unqualified. Dr. Thomas has built his house upon a rock, and will never cease advertising until he sees the ghost of quackery disappearing in the mists of morning, like death upon a grey horse."

After this exhibition from our colonies of the mode in which the only advertising doctor in Victoria seeks to establish his reputation, gentlemen of his persuasion in the British islands must "pale their ineffectual fires."

TEWKESBURY VILLAGE HOSPITAL.

THE second report of the Tewkesbury Village Hospital has lately appeared, and adds another to the instances of striking success and usefulness of these institutions, which we should be glad to see largely multiplied. In such reports one looks to two things—the balance-sheet and the report of the surgeons. They are both very satisfactory. There is a good balance in hand; and the list of cases treated shows the real usefulness of the charity. It includes a considerable number of severe accidents and operations which could hardly have been treated successfully except in an hospital. The liberality of the contributions and the number of presents of materials and articles likely to add to the comfort, pleasure, or well-being of the patients, afford interesting evidence of the sympathy with which the neighbours look upon the village hospital. It is a blessing which is very warmly appreciated, and we have read the report with particular pleasure.

OUR STATE HOSPITALS.

THE quarterly meeting of the Poor-law Medical Officers' Association was conducted with dignity and intelligence, and the conclusions affirmed are such as will command, we hope, general adhesion. The large number of hospital medical officers, and other members of the profession occupying the highest grades, who have joined the Association indicates their sympathy with the objects which it avows; for these objects, and the opinions of the Council on space, nursing, accommodation, life-appointments, separation of contracts for medicine and dispensing from medical attendance, provision of day-

rooms, convalescent-wards, sick-kitchens, &c., were all carefully laid before each of the honorary members prior to his joining the Association. We have successfully asserted before the world for the Poor-law medical officers the position that is their due as attendants on the true State hospitals of the country: it is for them to maintain and do credit to that increased status, that higher influence, and greater public sympathy and respect, which can now hardly fail to attend them.

EPIDEMIOLOGICAL SOCIETY.

THE session of the Epidemiological Society opens on Monday, the 12th instant, when the new president, Dr. Jenner, F.R.S., Physician in Ordinary to H.M. the Queen, will deliver an address. The Society would appear to be taking a new lease of vitality. Under the auspices of its late president, Dr. Gavin Milroy, it did good and useful work, and there is no lack of subjects to task its best conceived exertions. We augur excellent things and an increased activity under the presidency of Dr. Jenner. While other medical societies of the metropolis have for their chief object the investigation of the physiological, pathological, and therapeutic relations of diseases, the Epidemiological Society limits its study to their etiological or causal relations, and to the influences of locality, climate and season, diet and occupation, &c., their rise, dissemination, and continuance. This is not so clearly understood among the profession as it should be, and it may be questioned whether the name of the Society does not give rise to some misapprehension in this respect. The Epidemiological Society is, above all things, an Etiological Society; and this should suffice to give it a higher degree of popularity among the younger members of the profession than it has yet attained. As it is, the Society is intensely, almost overwhelmingly respectable (as shown by the list of its Council and other officers), but not popular. This surely is not an insuperable difficulty, and the new president should see to it. We understand that the Society gives a general invitation to the profession for Monday evening next.

HOUSES FOR THE VERY POOR.

THIS is nearly the most urgent question of the day in large towns. It is still a question whether, in an economical point of view, it will pay to make houses for the very poor which shall recognise the decencies of society and the physiological necessities of living beings. Any experiment contributive to the solution of this problem must be regarded as of great public interest. Such an experiment, according to our contemporary the *Builder* (whose influence is used for sanitary as much as for architectural ends), is about to be made in Leeds. We are glad to see in conspicuous association with this scheme the name of a member of the medical profession, whose investigations into the habitats of fever in Leeds may be compared to the similar investigations of Dr. Jeaffreson in London. The *Builder* says:—

"Dr. Allbutt, of Leeds, has lately proposed a scheme for the radical prevention of typhus, by establishing wholesome dwellings for the really poor. The houses are not intended for artisans and others who can pay good rents, but for hawkers, costermongers, and unskilled labourers of all kinds. The rental is 1*s.*, 1*s.* 6*d.*, and 2*s.* per week. There is now an 'Industrial Dwellings Company' started in Leeds on this plan with a capital of £50,000, and a block of fifty tenements is nearly completed."

EARTHCLOSETS VERSUS WATERCLOSETS.

AT the recent Sewage Congress at Leamington, Dr. Hawksley advocated the use of earthclosets in preference to waterclosets. In this he was opposed by Dr. Richardson, who maintained that perhaps the best way to get rid of sewage was to convey it away as soon as produced, in well-flushed drains, to the sea. No doubt the watercloset is the shortest and pleasantest method of removing refuse. But we all have grave doubts as to the fitness of the sea as the receptacle of sewage; and it is quite possible that some easy and prompt system of deodorisation and removal will yet supersede waterclosets in the interest of the rivers and the sea on the one hand, and of the fields on the other. The following are Dr. Hawksley's curious calculations on the practical value of earthclosets:—

"Taking the various estimates of the value of human refuse, he found the lowest estimate to be 14*s.* per annum, and the highest 15*s.* 3*d.* This for 3,000,000, the population of the metropolis, gave at the lowest estimate £2,100,000, at the highest a gross income of £2,287,500 would be realised. Against this he placed the expenses of collection and management as follow:—The 500 sections into which the metropolis would be divided, would be formed into sub-sections, each containing 200 closets. He calculated the expenses of each sub-section per day at 3*s.* for three hours' labour; cart and horses, 4*s.* 6*d.*; quota of rent, sheds, &c., 6*d.*—total, 8*s.* The work to be performed between six and nine each morning. Each cart, on leaving its station, will convey a load equal to 2 tons 1 cwt., consisting of 200 pails, weighing 9 cwt. to 3600 lb. of earth. The additional weight of sewage matter he calculated at 16 cwt. 102 lb. after collection. The annual expenses of the 500 sections would be £623,250. Balance of profit on the lowest estimate £1,476,750. If every person in each habitation received 7*s.* per head for this refuse material, the amount would be £1,500,000, leaving a balance to pay for pails and management equal to £426,750."

MUNICIPAL ELECTIONS.

WE are glad to find that provincial corporations are becoming aware that their duties lie rather in seeing after the well-being of their own towns, than in sending up addresses and deputations on all sorts of subjects to the Imperial Government. The following extract from the *Newcastle Daily Chronicle* of Oct. 30th, respecting the then approaching municipal elections, deserves notice, as a sign of a condition of things healthier, in every sense, than has been common in former years:—

"In the gloomy days when Englishmen stooped under the Norman yoke, municipal institutions became the cradle of British liberty. We have no special reason to apprehend an attack upon our liberties just now, but we need not therefore throw down their bulwarks. Moreover, slow as corporations often are, what assurance is there that the central government might not become slower? By a little gentle pressure of the people, the most lymphatic corporation may be got to move, but to move the central authority demands the resources of a nation. The duty of our towns in these circumstances is obvious. Let the new blood to be infused into their councils on Thursday be of the right sort. It is of vital consequence that those elected to administer civic affairs should be fully conversant with the great sanitary questions of the age. Political questions can now be dealt with apart from corporations fully as successfully as in connexion with them. In fact, at this moment, sanitary are superior to political considerations. Municipal government is in this crisis on its trial. If it prove unequal to the task of cleansing the cities of the empire of their pollution, its utility may begin to be disputed. There is nothing which more strictly concerns a town than its health. If those appointed to rule it are unable to secure from its inhabitants the observance of the sanitary conditions upon which that health depends, what can be thought alike of the people and the rulers?"

THE Navy List for last quarter shows a falling off in the medical active list by death or resignation of five officers of various grades, against two admissions into the service, which indicates that the endeavour to replenish the ranks has not yet been successful. The *Army and Navy Gazette* asserts that the intention of the Admiralty to issue a new circular giving further inducements is retarded by the wish to leave nothing out that may be introduced by the War Office into the new warrant which is in preparation for the army. Every well-wisher to the public services must regret any but unavoidable delay in either department to conciliate the profession whose members are much wanted by the State.

WE report elsewhere the proceedings of a deputation of the Fellows of the College of Physicians, who have offered to their President a well-deserved compliment in asking him to sit for a portrait to be placed within the College walls. The reply of Sir Thomas Watson is chiefly noteworthy for this, that he dwelt with emphasis upon the satisfaction of receiving tokens of esteem and regard from members of the medical profession. This is the most legitimate object of ambition—to combine success and public usefulness with the esteem and respect of the members of one's own profession; and this object Sir Thomas Watson has achieved.

THE City Coroner, Mr. Serjeant Payne, has announced his intention of retiring, after a long term of office. A paragraph which is going the round of the papers intimates that his son, Mr. William John Payne, barrister, will be a candidate for the appointment. As he has "performed the duties of deputy coroner for the last seventeen years," Mr. W. J. Payne has apparently secured to himself a footing with the Corporation on which he counts with security. There is, however, a rumour of other candidates, and amongst them of one or more members of the medical profession, including Dr. Septimus Gibbon and Dr. H. Sims.

A NEW WING, containing sixty-four beds, will be erected at the Derbyshire General Infirmary, and will bear the title of the "Nightingale Wing." William Edward Nightingale, Esq., father of Miss Nightingale, has been invited to become president of the institution. Over £7000 has already been promised.

A VACANCY having occurred in the medical staff of Guy's Hospital in consequence of Dr. Barlow's death, Dr. Charles Hilton Fagge has been appointed assistant-physician. A vacancy also exists for an assistant-surgeon at University College Hospital, and in other surgical offices, consequent on the appointment of Mr. Marshall, *vice* Mr. Quain resigned.

Correspondence.

"Audi alteram partem."

ON THE FUNCTION OF THE MUSCULAR COAT OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—Mr. Heath, in reply to my statement that the muscular walls of the urethra have a tendency to transmit bodies outwards to the meatus and not inwards to the bladder, adduces instances in which hair-pins, bougies, and similar bodies, have been passed by patients into that cavity through the urethra. My reference to those very instances in a previous communication sufficed to show that the movement in each case is partly due to the form of the foreign body itself. But it is almost inconceivable that it should be necessary for me to state, what I thought must have been understood, that in each case, also, the foreign body was introduced with design; that it was, in fact, thrust down the canal by the patient's own efforts. The very first example adduced by Mr. Heath from my own practice furnishes an excellent illustration of the action I have referred to. The form and mechanical quality of a hair-pin, its rounded end with two diverging wires, constituting a wedge with springy elastic sides, render it an object which it is impossible to draw outwards to the meatus, and which is certain to move rapidly inwards, whichever way the muscles act.

It is also an admirable illustration of the natural tendency of the urethra to expel its contents in the direction outwards, of which Mr. Heath is good enough to remind me, in quoting my own words on "soluble bougies," as follows:—"As the bougie dissolves, the liquefied material is slowly driven backwards (*since its exit is barred in front by the plaster*), and soon penetrates as far as the bladder." Of course. Were it not for the barrier in front, all would be ejected through the external meatus, by virtue of the expulsive function. But when the external meatus is artificially closed, the liquefied material is driven by the muscular contractility of the walls, which lie in close contact, in the only direction which remains pervious—i. e., backwards. Were Mr. Heath right, no plaster in front would be necessary; but it is, absolutely so, or the bougie is expelled at once. I desire no better proof of the function in question.

I must still refer to one illustration more, in which the function can be observed apart from any mechanical interference, and it is quite sufficient to settle the point. I refer to the outward flow of gonorrhœal discharge. Mr. Heath is driven to imagine the action of gravitation as the cause of its constant flow by the external meatus. Not a drop can issue by virtue of that force, since no air can enter at the other end of the tube. Surely I need remind no reader of THE LANCET that such matter cannot, by power of gravitation, leave a tube, although open at the lower end, so long as no air can enter at the upper one. But if the theoretical consideration does not suffice to convince, the practical result of reversing the position of the urethra decides the question. Place the penis with the meatus upward, so that gravitation may act *in unison with the transmitting power inwards*, which Mr. Heath (and other surgeons, if he pleases) have imagined to exist, and see whether the two combined will carry a single drop into the bladder. Not at all. The whole of the discharge will issue by the meatus, and by means of the contractile walls of the urethra; not by the action of the accelerator muscle, which shall remain in its ordinary condition of tonicity—that is, it shall not exert a single active contraction.

One word more: I am again grateful to Mr. Heath for a suggestion, that affords me the opportunity of making an explanation which otherwise I should not have enjoyed. He assumed a clerical error in my first article to be defective Latin on my part. The assumption, however, was not correct. The manuscript of the article was not in my handwriting, having been copied to save my time, from the very rough slips on which I wrote it. These, to which I referred immediately on detecting the error in print, have the word "*tactus*" in the original. It is an amusing illustration (and may so be permitted to enliven the drier matter of scientific controversy) of the very friendly suggestions that one receives in such circumstances, that an anonymous critic was good enough to write to me a letter, addressed to University "Colledge" Hospital, to call my attention to the aforesaid error. It was almost worth incurring the temporary odium of the blunder to become possessed of such a souvenir!

I am, Sir, your obedient servant,

Wimpole-street, Nov. 3rd, 1866. HENRY THOMPSON.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—Two cases of placenta prævia have been recorded in late impressions of THE LANCET; and as much practical information is often gained by comparing the circumstances attending cases of a similar character, I venture to send you the notes of an interesting case to which I have recently been called.

At half-past six o'clock on the 27th of last month I was requested to see Mrs. H——, who was a private patient of a midwife in my neighbourhood. On arriving at the house, I was told that Mrs. H——, who was in labour at the eighth month of pregnancy, had flooded enormously within the last few hours. This was indeed perfectly apparent; for she was terribly blanched, nearly pulseless, and her extremities were cold. I ordered some brandy-and-water to be given. On examination, the upper portion of the vagina was found to be almost entirely blocked up by the placental mass. I could detect a slight attachment of the placenta to the anterior margin of the os uteri; and posteriorly, high up, I could feel the membranes, the mouth of the womb being fully dilated. I contrived to rupture the membranes after some difficulty, when a large quantity of liquor amnii escaped. Strong uterine action followed, which forced the placenta further down into the vagina, so that I was unable to find out the presentation of the fœtus. Under these circumstances I proceeded carefully to remove the placenta, and on again introducing my hand into the vagina I came upon the left foot of the child, which I

at once grasped and brought down to the vulva, and thus speedily completed the delivery. It was a male child, and had been dead apparently some time. No hæmorrhage whatever followed, and the pulse soon became more perceptible on the administration of beef-tea and brandy. The patient has not had a bad symptom, and is making a good recovery.

The interesting feature of this case is the fact of labour having been allowed to go on so long without interference, for experience teaches one that an accoucheur is generally summoned in cases of unavoidable hæmorrhage before the os uteri is half dilated. It is probable also that the placenta had been almost *centrally* implanted over the os, and this must be considered a rare condition. This case may be said to rest on the boundary line between those which come under the head of artificial extraction and spontaneous expulsion of the placenta before birth. The placental mass was certainly manually removed, but not until the mouth of the womb was fully dilated; and I have little doubt that in this case nature would have accomplished the delivery had Wigand's method of plugging the vagina (and trusting as far as possible to the natural process) been adopted at the commencement of labour. Under such circumstances the hæmorrhage would have been greatly diminished, and strong uterine action would have been provoked by the use of the tampon. The accurate record of all such formidable occurrences in parturition is surely a matter of the deepest interest, when we remember the words of Naegelé, that "the very action which nature uses to bring the child into the world is that by which she destroys both it and its mother."

I am, Sir, yours obediently,

HENRY E. EASTLAKE, F.K.Q.C.P. &c.

Welbeck-street, Cavendish-square, Nov. 1866.

CHOLERA, AND THE DISEASES PREVENTION ACT.

To the Editor of THE LANCET.

SIR,—There is no need for an amending Act to eliminate the anomaly of the City boards of guardians being the local authorities for executing the Diseases Prevention Act. Although the medical officer of health of the Commissioners of Sewers (the nuisances removal authority in the City) has been in this epidemic virtually powerless, had the Lords of her Majesty's most honourable Privy Council willed otherwise they had the necessary power thereto. In Sect. 11 of the above-cited Act occur these words:—

"Provided moreover that in respect of any place where, under this Act, the local authority for executing the Nuisances Removal Act is any other body than the board of guardians or the overseers of the poor, the Privy Council, *if it see fit*, may, in the manner provided for the exercise of its powers under the Public Health Act (1858), authorise *such other body* to be, instead of the board of guardians &c., the local authority for executing the Diseases Prevention Act."

Yours obediently,

ROBERT FOWLER, M.D.,

District Medical Officer to East London Union.

Bishopsgate-street Without, Nov. 6th, 1866.

THE METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A GENERAL meeting of this Association was held on Tuesday evening at the Ship Hotel, Charing-cross; Dr. Joseph Rogers, president of the Association, occupied the chair. Among those present were—Dr. Orme Dudfield, Mr. B. Clarke, Mr. R. Bruce, Mr. Norton, Dr. Andrews, Mr. Simmons, Dr. E. Jones, Mr. Godrich, Dr. Belcher, Dr. Charteris, Mr. Dixon, Dr. Rivers, Dr. Anstie, Mr. Ernest Hart, Mr. Moore, Mr. Watson, Mr. J. C. Parkinson, and Mr. Nugent Charles Walsh.

Dr. ORME DUDFIELD, the hon. secretary, read the quarterly report of the Council.

The following physicians and surgeons had become honorary members, namely:—Dr. F. E. Anstie, Dr. A. W. Barclay, Dr. R. Barnes, Mr. Bryant, Mr. W. Bowman, Dr. Bristowe, Dr. Burrows, Dr. T. K. Chambers, Sir James Clark, Bart., Mr. Campbell de Morgan, Dr. Fuller, Dr. Goodfellow, Dr. G. Harley, Dr. F. Hawkins, Mr. Cæsar Hawkins, Mr. Ernest Hart, Mr. Barnard Holt, Dr. Jenner, Dr. Handfield Jones, Mr. S. Lane, Mr. Henry Lee, Dr. Letheby, Sir Ranald Martin, Dr. Murchison, Dr. J. W. Ogle, Mr. Paget, Professor Parkes, Professor Partridge, Dr. Peacock, Dr. Pitman, Mr. G. D. Pollock, Mr. Quain, Dr. Richardson, Dr. Burdon-Sanderson, Mr. Shaw, Dr. Sieveking, Dr. Stallard, Dr. A. S. Taylor, Mr. Henry Thompson, Mr. Spencer Wells, and Mr. Erasmus Wilson.

The PRESIDENT, in his opening address, stated that the medical officers were fully aware of the necessity for all the reforms which had been advocated in workhouse management, and especially as regarded the management of the pauper sick. The space of the sick wards was of the first moment, and in place of the 500 cubic feet to each pauper allowed by the Poor-law Board, the medical officers maintained that the *minimum* should be 1000 cubic feet, and 80 feet of floor space to each. Then, as to diet, the medical officers desired that the aged and infirm should have a diet suited to them, but the guardians would not recognise the claims, and the burden was thrown upon the medical officer of searching out each individual case. There should be a uniform diet, and such anomalies as that of the paupers of Whitechapel having seven ounces of meat, when those of Mile-end had much less, should cease. He dwelt upon the position of the Poor-law medical officers, and the manner in which they had lately been treated by the guardians. It had been urged upon the Poor-law Board that the medical officers were overworked while they were underpaid, and the central authority had urged the appointment of resident medical officers for the workhouses in place of the present generally insufficient attendance. The guardians in some parishes who were at loggerheads with their medical officers because these gentlemen had persistently ordered "extras" against the guardians' wishes, had endeavoured to comply with the letter of the Poor-law Board's requirements by offering to appoint resident medical officers at very inadequate salaries in place of the visiting medical gentlemen holding the appointments at present. He pointed out that such appointments would leave the sick without any friend like an independent medical officer between them and the guardians, who would visit with displeasure any ordering of the extras now obtained by the sick. In his concluding remarks he acknowledged the arduous labours of the 140 out-door medical officers of London, who had to visit the sick of 3,000,000 of people, and had to daily face disease and death.

The adoption of the report was moved and carried unanimously.

Mr. BELCHER gave some of his personal experiences of guardians.

Mr. BENJAMIN CLARKE addressed the meeting relative to some transactions respecting the appointment of a resident medical officer of the workhouse of the East London Union.

Mr. F. GODRICH moved and Dr. ANDREWS seconded the following resolutions:—

"1. That this Association would view with deep concern any attempt to displace any medical officer for other cause than neglect or disability.

"2. That believing it would be for the good of the Poor-law medical service that all medical appointments should be held for life, whereby alone proper independence can be secured, they earnestly deprecate any interference with the Poor-law Board's order of May 25, 1857, an order based upon the recommendation of a select committee of the House of Commons; and the true intent and meaning of which is, without doubt, to assure life tenure of office by all parochial medical officers.

"3. That they believe that the appointment of resident medical officers only would be injurious to the interests of the sick poor, whom it is intended to benefit, agreeing as they do with the opinion that the resident medical officer 'would be likely to lose some of his sense of independence, and become more and more subservient to the views of some leading guardians,' and that 'hence he might hesitate to discharge some of the duties of his office (as for example, the ordering of extras and the removal of noisy lunatics) with proper independence.'

"4. For the reasons above stated this Association trust that the Poor-law Board will maintain in all its integrity their order of May 25, 1857, the sole safeguard of the medical officer in the independent discharge of his duty, and at the same time the best security for the proper treatment of the sick poor."

Mr. ERNEST HART made some observations relative to the issuing of an order by the Poor-law Board, recommending that chaplains of workhouses be *ex officio* members of the boards, and urged that the medical officers would be at least as useful.

The resolutions were then carried, with the following addendum, moved by Mr. E. GODDARD and seconded by Mr. NORTON:—"That in the opinion of this meeting it is highly desirable that medical officers should be made *ex officio* members of boards of guardians, in order that their advice may be always attainable with regard to the questions of medical management which might from time to time occur."

Thanks were voted to the chairman and officers, and it having been agreed that a copy of the resolutions should be sent to the Poor-law Board, the meeting terminated.

THE PRESIDENT OF THE COLLEGE OF PHYSICIANS.

ON the 7th inst., in accordance with a resolution passed at a meeting of Fellows of the College on the 29th ult., a deputation, consisting of Dr. Alderson, Dr. Burrows, Dr. Tweedie, Dr. Sibson, Dr. Jackson, Dr. Buchanan, and Dr. Markham, waited upon Sir Thomas Watson, at the College of Physicians, to present him with a memorial, signed by 189 Fellows of the College.

Dr. ALDERSON, in presenting the memorial, said: It is a great satisfaction, Mr. President, to us whom you see around you to have been nominated, at a large meeting of the Fellows, to present to you a memorial requesting you to sit to some celebrated artist for your portrait; the picture to be placed within the College, by the side of those of the other distinguished men whose portraits now grace our walls. The memorial bears the signature of nearly every Fellow of the College, and may be considered an heirloom document, to be transmitted to your family as an evidence of the warm feeling of respect and attachment entertained for you by all the Fellows of the College.

Dr. PITMAN then read the memorial, as follows:—"We, the undersigned Fellows, request you will do us the favour to sit for a portrait to be placed within the College walls, as the expression of our regard and esteem, of our high appreciation of your character and learning, and of our grateful sense of the many services you have rendered to our College."

Sir THOMAS WATSON replied that it would be difficult, if not impossible, for him to express in adequate terms his feelings of gratitude at a memorial thus presented to him by so large a body of men whom he deeply esteemed. More than forty years had he been connected with the College, and five years as its president; and the culminating compliment, the highest which could be paid to him, was the request he had now received from the Fellows. "It is always a matter of pride," said Sir Thomas, "to receive marks of esteem from those whom we esteem—from gentlemen of social position; but especially is it so from members of our own profession. I hope the deputation will let the Fellows at large know that I consider this mark of their esteem as the greatest honour which could be paid to me. Fame and good repute are ofttimes fleeting, and may be soon forgotten; and few are the men of our profession who carry their names to posterity in connexion with literary labours. So changing ever is medicine, that neither style nor matter can avail to keep our memory alive; but to be associated thus with the College by our effigies is to be assured of a kind of earthly immortality, of which I may well be proud—and especially proud when the honour is received from the hands of such a distinguished deputation. It is the greatest honour which could be paid to me in my old age. I beg the deputation will themselves receive, and communicate to the Fellows at large my warmest thanks."

Dr. BURROWS requested, in the name of the Fellows, that the president should select the artist, but he preferred to leave the selection with them.

ALLEGED INFRACTION OF THE LUNACY LAWS.

JAMES ALDOUS, of 18, Notting-hill-terrace, appeared at Bow-street Police-court on Thursday, the 8th inst., to answer a summons charging him with an infringement of the laws relating to lunatics or alleged lunatics.

The case was conducted by Mr. Poland, instructed by Mr. Law, of the firm of Vandercom, Law, and Payne, solicitors to the Commissioners in Lunacy; and Mr. G. H. Lewis, of the firm of Lewis and Lewis, Ely-place, defended.

Mr. Poland stated that the proceedings were taken at the instance of the Commissioners in Lunacy, under the 90th sec. of the Act 8 and 9 Vic., c. 100, by which, whenever any one patient is received to board and lodge in any house as an alleged lunatic, it is necessary that the person so receiving him shall be provided with proper medical certificates, and also with an order from one of the nearest relatives of the patient. The receiving a patient without these documents was a misdemeanour, and every one must agree that it is of the greatest importance that the regulations should be strictly adhered to. The defendant was formerly an assistant in a lunatic asylum, and had since carried on business as a greengrocer, but had left that business within the last twelve months. In March last a patient was sent to defendant's house to be taken care of, being obviously unfit to remain at home; and in September some communication was made to the Commissioners in Lunacy. On the 20th of Sept. one of the Commissioners went down to Aldous's house, and saw the patient there, when it was found that the patient was kept there under Aldous's care, and was no doubt a proper person to be confined. He had been since removed to the establishment of Dr. Munro, and hopes were entertained that under the modern method of treatment he would recover. Under these circumstances, as the patient had been confined without the proper authority, the Commissioners thought it their duty to take these proceedings. It should be observed that if more than one patient were taken, a licence for the house would also be required. He had purposely abstained from mentioning the name of the patient, as in the event of his recovery, it might be distressing to him that his name should have been made public in these proceedings.

Evidence being called in support of the facts as above stated, Mr. Lewis cross-examined the witnesses, in order to show that at the time when the patient was removed to Mr. Aldous's house he was not of unsound mind, though, from one act, it was apprehended that he might become so. Mr. James Reeves Traer, of 47, Hans-place, under whose advice the patient's friends had acted, but who stated that he was not at the time aware of any infraction of the law, had, with his partner, Mr. Hayden, the medical care of the patient, whose condition he described as "showing symptoms of incipient mental disturbance." He would not say that the patient was of unsound mind at this time, but he became so about the latter end of July or early part of September.

Sir Thomas Henry said in that case the form should have been complied with the moment the patient became insane.

Mr. Thomas Martin, chief clerk in the office of the Commissioners in Lunacy, proved that the defendant had no licence for his house, and that the proper order and certificate for one lunatic had not been returned up to Sept. 24th. A certificate order had been tendered on the 22nd, but refused.

Mr. Lewis, in consequence of an observation of the learned chief magistrate that he was not trying the case, remarked that if his worship thought a *primâ facie* case was established he should not now enter into the defence, though he should have much to say at the proper time. For instance, it would be a question if it was ever communicated to defendant that the patient had become insane.

Sir Thomas Henry reminded Mr. Lewis that the amount paid was high. It was £6 per week.

Mr. Lewis: True; but there was an entire furnished house in Notting-hill-terrace, and, besides defendant, there was another person to keep, an attendant.

Sir Thomas Henry said that was matter for arrangement before a jury. He should commit defendant for trial, but would take bail in two sureties of £40, and one of £80.

Bail was at once provided.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

BIRMINGHAM has this year again answered nobly to the appeal made on behalf of her medical charities. On the last Sunday in October, Hospital Sunday, as it is called, £3666 was collected in the various churches and chapels for the Queen's Hospital. This sum, however, does not represent the total amount that the hospital will receive, for this year an appeal has been made through the licensed victuallers, and every public-house has been supplied with a collecting card. It is anticipated that some £500 will in this way be collected for the hospital, from the pockets of a class who do not always take the opportunity

of giving at a place of worship. The most sanguine hopes of the friends of the hospital have this year been exceeded, as in consequence of the commercial depression under which the town is now suffering, not much more than £2000 was expected. The total amount collected will be found, I believe, when all the accounts have come in, to have been exceeded on only one occasion—viz., in 1859, when the first collection was made in order to clear the General Hospital from debt, and the magnificent sum of £5200 was obtained. This first response was so encouraging that it was determined to institute an annual collection for the medical charities of the town, and the subscriptions were arranged to be devoted to the General Hospital, the Queen's Hospital, and the General Dispensary and smaller medical charities, in successive years. Since 1859 the sum of £25,197 (exclusive of this year's collection) has been subscribed in the churches and chapels of Birmingham for our hospitals and dispensaries. A truly noble example, which other towns might do well to follow.

The medical schools have opened with good entries, eighteen new students having joined the Sydenham, and thirteen the Queen's College. This provincial school has, at all events, not suffered by the increased number of pupils registered at the metropolitan hospitals this year, and the entries at our two schools tell us how good a school Birmingham might have, if the energies of her best men could only be concentrated on the work of a single college. The only changes that have taken place in the lectureships are the following:—Dr. Elkington has retired from the chair of midwifery at the Sydenham College, after some fifteen years' service, and Mr. Bassett is now sole lecturer on obstetric medicine; at the Queen's College Mr. C. J. Bracey has been appointed co-lecturer on surgery, with Mr. Sands Cox.

The cholera epidemic, which has raged so badly in London and some of the other large towns, has hitherto avoided Birmingham. A death from Asiatic cholera, after thirty-six hours' illness, was, however, reported last week, and from the evidence tendered at the inquest there seems no reason to doubt that the case was one of a malignant nature. The case was seen by Mr. Rose Jordan and Mr. Thomas, and was characterised by the rice-water evacuations, cramps, vomiting, collapse, &c. No cases have since been reported, and the death in question seems to have been one of those isolated cases which have occurred here in all the epidemics. The most strange fact is that the malady does not appear to spread in Birmingham, and although during former epidemics there has been no lack of diarrhœa and some important cases of cholera have occurred, yet the disease has never obtained a strong hold upon the town. Can the large quantities (several tons weekly) of sulphate of iron in solution and sulphuric acid which are poured into our sewers account for this immunity? or does the existence of traces of sulphurous acid in our atmosphere exercise any influence in preserving us from the pest? The death rate in the borough has been somewhat higher during the past week, but not remarkably so. Scarlatina is very prevalent in some of the districts, five deaths having occurred in the Ladywood district alone. In other respects the town is healthy.

Birmingham, Nov. 3rd, 1866.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 6th inst., and when eligible will be admitted to the pass examination:—

Henry Prescott Roberts, Samuel Burton, and Alexander Richardson Haughey, of the Edinburgh School; John Badcock Harris and Thomas Vincent de Denne, of St. Thomas's Hospital; Joseph William Plaxton and William Waudby, of Hull; Tullius William Ward Fay, of Liverpool; Robert George Fendick, of Bristol; Charles H. S. Stevens, of St. George's Hospital; James Peter Byrne, of Dublin; George May, of King's College; Alexander Dyce Davidson, of Aberdeen; Samuel Jackson, of Guy's; Frederick Augustus Alfred Smith, of the London Hospital; John Hickman Hiron, of Birmingham; and Joseph Foster, of University College.

It is stated that only five out of the twenty-two candidates examined failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their studies for three months.

The next pass or surgical and pathological examination for the diploma of membership will take place on Saturday, the 10th inst.; already nearly seventy names have been entered.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 1st:—

Bonney, Wm. Augustus, Elm House, Brompton.
Crew, Ell, Tetbury, Gloucestershire.
Dyer, Thomas Birch, Guy's Hospital.
Ireland, Edward, Kendal, Westmoreland.
Stokell, George, Guy's Hospital.

The following gentlemen also on the same day passed their first examination:—

Octavius Twigge Molecey, King's College Hospital; Charles Munden, Guy's Hospital; Saltern G. Littlejohn, St. Thomas's Hospital; Augustus Constable Maybury, St. Thomas's Hospital; Richard Wilson, St. George's Hospital.

At the competitive examination on Oct. 17th and 19th, for the prizes in Materia Medica and Pharmaceutical Chemistry annually given by the Society of Apothecaries, the successful candidates were:—

1. Albert Henry Baines, Guy's Hospital; Gold Medal.
2. Jas. Goodridge Anderson, St. Mary's Hospital; Silver Medal and a Book.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the October sittings of the examiners:—

Black, Donald Campbell, Argyllshire.
Carmichael, Thomas, County Antrim.
Hay, George William Robertson, Roxburghshire.
Hume, George Halliburton, Berwickshire.
Laing, James Anderson, Edinburgh.
Macalevy, Robert Peel, Scarva.
M'Caw, John Dysart, Portglenone.
Mullan, Andrew, Banbridge.
Ross, John Ralph, Drumbrain.
Stirling, Stewart, Kilsyth.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin., during the recent sittings of the examiners:—

Bath, Henry, Glastonbury, England.
Boyd, John Stewart, County Tyrone.
Brownrigg, Henry Thomas, Waterford.
Cane, James Butler Norris, Kilkenny.
Dods, George, Haddington.
Garde, William Henry, Australia.
Masson, William Herbert, India.
Nason, Henry Wilson, Dublin.
Riddell, John, County Monaghan.
Sinclair, George Murray, Tranent.
Stockwell, James, Musselburgh.

During the same sittings the following gentlemen passed their first professional examinations:—

Roderick Macdonald, Skye; Philip S. Warren, Cork; Richard Sullivan, Bandon; Daniel Heagerty, Cork; Benjamin Bain, Calthness-shire; John Murray, Drung; James Walsh, Castlebar; James S. Conway, Limerick.

ON Monday one of the inmates of the fever ward at the West Derby Workhouse, near Liverpool, threw herself from the window and was killed.

MR. WILLIAM WEBBER, surgeon, who for a long time past has been in prison for debt, received his discharge at the Court of Bankruptcy on Wednesday last.

APOTHECARIES' HALL OF IRELAND.—Dr. George Wyse has been appointed governor in the room of Dr. Madden, deceased; Dr. Henry Palmer Nolan has been appointed deputy governor; and Dr. Edward Joseph O'Neill, director and examiner.

THE annual meeting of the Greenock Medical Society was held on the 5th inst., when the following gentlemen were elected office-bearers for session 1866–7:—President: Dr. Mackie. Vice-president: Dr. Richmond. Treasurer: Dr. Marshall. Secretary: Dr. Wallace.

ABERNETHIAN SOCIETY, ST. BARTHOLOMEW'S HOSPITAL.—At a special meeting of this Society, held on Thursday evening, the 1st inst., for the purpose of electing a medical president in the room of the late Dr. J. S. Warter, the following resolution, proposed by Dr. Andrew, seconded by Dr. Duckworth, was unanimously agreed to:—"That this Society, in its sorrow for the loss it has sustained by the death of its late medical president, Dr. Warter, is anxious to place on record its deep sense of his industry and worth, and its belief that the loss is one which will be felt not merely by the Society itself but by the profession at large." The following resolution was also passed:—"That the preceding resolution be entered on the minutes of the Society, and that the secretary be requested to forward a copy of it to the friends of the

late Dr. Warter." Dr. Dyce Duckworth was unanimously elected to the vacant office of medical president. The ordinary business of the evening having been transacted, Mr. W. Morrant Baker introduced the subject of "The Mutual Relations of the Vital and Physical Forces," and treated it in a very able manner. An excellent discussion followed. There was a large attendance of members.

SOME difficulty having been experienced at Queen's College, Birmingham, in procuring subjects for dissection, an application was recently made by the Professor of Anatomy to the guardians of the West Bromwich Union for the bodies of all unclaimed paupers who might die in the union infirmary; but the application was negatived, after discussion, by a majority of 9 to 5.

THE INTRODUCTORY DISCOURSES AT THE FACULTY OF PARIS.—The session of 1866–7 was opened on the 3rd inst., with the accustomed discourse of the dean, and the usual panegyric on some illustrious deceased medical luminary. M. Wurtz, the dean, spoke very sensibly, and announced various improvements, among which is to be noted a laboratory for practical physiology. His advice to the pupils was extremely good. Professor Jarjavay then gave a vivid and eloquent sketch of the life and career of Malgaigne, whose works and deeds are so well known through the medical world. Both these excellent discourses were listened to by the most unruly, wild, rude, and noisy crowd of pupils, who have, as last year, stamped themselves as men regardless of the age, merit, and high standing of their professors. Their conduct is, by *L'Union Médicale*, denounced as thoroughly unworthy of gentlemen; and the same journal states that these introductory meetings will, owing to such scandalous behaviour, very probably be given up.

Obituary.

GEORGE YEATES HUNTER, Esq., F.R.C.S.

ON the 2nd inst. Mr. Hunter died at his house at Margate. He belonged to that class of "general practitioners" whose names are as familiar to the public and to the profession as those of the great London physicians and surgeons. Mr. Hunter was no common man, and though his memory will not be associated with any great discovery or brilliant improvement of his art, it will be held in respect by all those who can appreciate talents of the highest order, a blameless and useful professional life of more than half a century, a sense of the highest honour, whether as a surgeon or a man, and a generous single-mindedness of purpose in his energetic and useful labours in the interest of the health and well-being of the community. Mr. Hunter was the son of Dr. Robert Hunter, long in practice at Margate, and in 1815 he succeeded to the practice of his father. A history of his professional and public career would be the history of the surgery of the Isle of Thanet, and of the material and sanitary improvements of his native town. In the earlier period of his life he had been a Poor-law surgeon, and exercised the functions pertaining to that office so as to endear him to the poor. In later life he was consulted by his brethren throughout a large district, and he earned a high reputation for skill and for the most rigid observance of medical etiquette, in the highest and noblest sense of that word. Mr. Hunter was in every respect a gentleman, and his loss will be severely felt by his fellow-townsmen. He was buried on Thursday last, his funeral being attended by members of the Corporation, and by numerous professional friends, but he was mourned by the whole community, in which he had been for upwards of fifty years the leading spirit. He was chief magistrate of the town at his decease, and had filled that honourable office on several previous occasions. Indeed he was held in so much esteem by his fellow-townsmen that he was the first elected mayor of Margate. He held numerous professional appointments, and contributed several papers to this journal, among the most important of which was a case of simultaneous dislocation of both humeri; on midwifery statistics, and on the treatment of phlegmasia dolens.

DR. JOHN THOMPSON,
OF WHITEHAVEN.

THIS gentleman died on the 28th ult., after a protracted illness. He was one of the many martyrs to his laborious profession. About three years ago a bad fever visited this town, and caused great mortality. During the prevalence of that epidemic Dr. Thompson's labours, by night and by day, were literally incessant. The fatigue which he then underwent shook a constitution naturally robust. A long rest might have restored him, but he found no rest; and until exertion became impossible he continued to exercise his profession. His age was only forty-five. He will be much missed by rich and poor. Few have passed from amongst us more generally beloved. Dr. Thompson was brother of the present Archbishop of York.

MEDICAL VACANCIES.

Charing-cross Hospital—Physician-Accoucheur.
Hamlet of Mile-end Old-town—Medical Officer of Health.
Western Dispensary—Consulting Accoucheur, vice Dr. Tanner, resigned.

MEDICAL APPOINTMENTS.

J. G. BURNE, L.K.Q.C.P.I., M.R.C.S.E., late Medical Officer of the Grand Canal-street Dispensary, has been elected third Surgeon and Physician to the South Dublin Union Hospital.

J. J. CONSTABLE, M.D., L.R.C.S.I., has been appointed Medical Officer for the Parish of Skilgate, in the Dulverton Union, Somersetshire, vice J. Nicholls, M.D., resigned.

C. A. CRANE, M.D., has been elected Medical Officer and Public Vaccinator for the Hallaton District of the Uppingham Union, Rutlandshire, vice J. H. Spencer, M.R.C.S.E., resigned.

Mr. J. DAVIS has been elected President of the Sunderland Medical Society for the ensuing year.

Dr. W. H. DIXON has been re-elected Librarian of the Sunderland Medical Society for the ensuing year.

G. EVANS, M.R.C.S.E., Senior Surgeon of the Marylebone Dispensary, has been elected Surgeon to the Hospital for Diseases of the Throat.

E. L. FENN, M.B., L.R.C.P., has been appointed House-Physician to King's College Hospital.

D. FREEMAN, M.R.C.S.E., has been appointed Medical Officer to the Village Hospital, Kings Sutton, Oxfordshire.

H. A. HUSBAND, M.B., has been appointed Assistant Medical Officer to the City of London Lunatic Asylum, Dartford, vice J. Thompson Dickson, B.A., M.R.C.S., resigned.

J. MACNAB, M.D., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Vaccinator for the Hipperholme District of the Halifax Union, vice J. E. Chalmers, M.R.C.S.E., L.S.A., resigned.

G. R. NORRISH, M.R.C.S.E., has been appointed Medical Officer for the Parishes of Hewish Chamflower, and Upton, in the Dulverton Union, Somersetshire, vice J. Nicholls, M.D., resigned.

J. PRANKERD, F.R.C.S.E., has been re-appointed Medical Officer for District No. 1a of the Langport Union, Somersetshire.

A. STRANGE, M.R.C.S.Ed., has been appointed one of the Assistant Medical Officers to the Gloucester County Asylum.

J. H. WRIGHT, M.R.C.S.E., has been elected Surgeon to the Halifax Infirmary, vice T. H. Cresswell, M.R.C.S.E., resigned.

Dr. YELD has been re-elected Secretary and Treasurer of the Sunderland Medical Society for the ensuing year.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th ult., at Clarendon-road, Notting-hill, the wife of W. A. Atwood, M.R.C.S.E., of a son.

On the 29th ult., at Blackburn, Lancashire, the wife of R. P. Dunbar, M.D., of a son.

On the 31st ult., at Hagley-road, Edgbaston, Birmingham, the wife of Dr. Chas. Warden, of a son.

On the 1st inst., at St. Mary's-terrace, Maida-hill, the wife of Dr. J. G. Westmacott, of a son.

On the 4th inst., at Acacia-road, St. John's-wood, the wife of W. S. Brittan, M.R.C.S.E., of a daughter.

On the 5th inst., at Trinity-square, Tower-hill, the wife of Walter Dickson, M.D., R.N., of a daughter.

MARRIAGES.

On the 29th ult., at Chigwell, Dr. Hicks, of Crosby House, Chigwell-row, to Ellen Sarah Coell, only daughter of Charles Davenport, Surgeon, of Hainault Hall, Chigwell-row.

On the 1st inst., at Worfield Church, Shropshire, Henry James Young, M.D., of Bridgnorth, to Ellen Martha, daughter of the late Thos. Jay, Esq., of Daneford, near Bridgnorth.

On the 1st inst., at South Norwood, John Dee Shapland, M.R.C.S., L.S.A., of Thornton-heath, Croydon, to Mary Anna, eldest daughter of George Westacott, Esq., of St. Mary-axe, City, and Manor Cottage, Manor-road, South Norwood.

DEATHS.

On the 22nd ult., E. P. Jones, M.D., of Denmark-place, Aston-park, aged 44.

On the 27th ult., Alfred Clarke, M.R.C.S.E., of Clarence-street, Gloucester, aged 46.

On the 29th ult., at Balcastle, James Arthur, L.R.C.S.Ed.

On the 31st ult., at Beacon-hill House, Exmouth, W. H. Burrell, Deputy Inspector-General of Hospitals, aged 71.

On the 31st ult., at Cowley House, near Exeter, Andrew Leslie, Surgeon R.N., aged 80.

On the 1st inst., H. H. Bond, M.R.C.S.E., of Richmond-road, Islington, aged 61.

On the 2nd inst., at Margate, George Yeates Hunter, M.D., F.R.C.S.E., J.P., Mayor of Margate, aged 72.

To Correspondents.

A Graduate, who has no Friends to get him a Degree without Study, complains that at the last meeting of the Queen's University in Ireland, the degree of M.D. was conferred *honoris causa* on a gentleman who had not studied medicine or passed any previous examination. From the highly respectable source of our information, it becomes our duty to notice the circumstance, and to hope that some explanation may be given or some contradiction made of the statement, as Sir Dominic Corrigan is a member of the Senate which is stated to have conferred this degree, and no one has spoken more strongly than himself respecting the granting of diplomas or degrees without sufficient examination.

Dr. Walker, (Hanley, Staffordshire.)—Hutton's Logarithms or Babbage's Logarithms. These last are the best, but copies are scarce. *Hutton* is published by Longman.

THE letter of *F.R.C.S. Eng.* arrived too late for insertion in the present number.

CHOLERA AND DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Having had my share of experience during the recent cholera epidemic, and having witnessed the effects of various plans of treatment adopted by myself and others, I hope you will allow me space for the few following remarks.

I am averse to the eliminative plan of treatment by castor oil. In no case did I see any good from it, but in some positive harm.

The treatment with nitric acid, though useful in some cases, fell far short of my expectations. It is certainly not admissible in cases of children or old people.

The old remedy, calomel and opium, is perhaps the best we have yet for allaying symptoms in the early stages; but when collapse sets in, the after effects of opium are decidedly injurious, and, I am convinced, diminish the patient's chance of recovery.

The drug I have learned to place most faith in is Indian hemp, given in the following combinations:—Tincture of cannabis indica and chloric ether, of each ten drops; tincture of kino, one drachm; peppermint water to one ounce. This draught to be repeated every half hour until the urgent symptoms are overcome. The tolerance for this medicine in cases of cholera is something wonderful. I have seen one patient take as much as half an ounce of the ordinary tincture in ten hours, and afterwards make an excellent recovery.

Chloroform is the best application externally, not that it has any specific virtue above turpentine or mustard, but it is clearly easy of application, and more grateful to the patient.

In the collapse stage, the less medicine the better. Small doses of brandy, with beef-tea, and warm frictions externally, form perhaps the best mode of treatment. Large doses of stimulants in this stage are pernicious. To allay the thirst, good soda-water with two teaspoonfuls of brandy to each draught. This drink is generally pleasant to the patient, and tends to check the vomiting as well. A small bit of ice held in the mouth is likewise very grateful.

In cases of ordinary diarrhœa, the formula given above, in a modified dose, will be found very serviceable. Being connected with a dispensary where thirty to forty cases of diarrhœa presented themselves daily for treatment during the months of August and September, and where a great variety of remedies were tried, yet so great was the superiority of Indian hemp above any of the others, that the patients themselves got to know it, and invariably asked for the "green medicine."

I remain, Sir, yours truly,

Holloway Dispensary, Oct. 18th, 1866. D. TURNER, L.R.C.S.E., &c.

To the Editor of THE LANCET.

SIR,—As cholera and diarrhœa are still prevailing in England, and in treating these diseases there appears to be a difference of opinion in the profession as to the relative value of purgatives and astringents, it may not be considered presumptuous to offer any testimony that bears on this important question.

During a period of twenty-seven years' service, many of which were spent in various parts of the East Indies, I necessarily witnessed many epidemic outbreaks of cholera, and have treated many thousand cases of diarrhœa, and the treatment that I adopted for the latter disease was the simple exhibition of about six drachms of castor oil combined with from ten to fifteen drops of laudanum and a little peppermint water. For a number of years this was my invariable prescription, and certainly in a vast majority of cases was used with speedy and complete success.

My only regret is, since reading the admirable and logical treatise on the Pathology of Cholera by Dr. George Johnson, that I did not carry out a similar plan in treating epidemic cholera; but, like many others, I was taught to have such a dread of increasing any tendency to diarrhœa when a choleraic condition of the atmosphere prevailed, that I was led too often to substitute for a purgative, astringents and powerful stimulants.

If a poison be taken into the stomach, we do not hesitate to expel it by means of an emetic. Why therefore should we not endeavour to eliminate by the bowels the imbibed poison (whatever it may be) of cholera? Everyone who has witnessed epidemic cholera must have met with cases terminating fatally with little or no purging, and yet found after death the bowels distended with rice-water fluid containing the choleraic poison, and the elimination of which, it appears to me, astringents must have the effect of preventing.

As to producing exhaustion and consequent death by the administration of a purgative, I apprehend that this is a result not to be feared; for, as Dr. Johnson justly remarks, the cause of death from cholera is more to be ascribed to the poisoned condition and consequent want of circulation of the blood than to exhaustion produced by purging. The latter symptom is an effort of Nature to expel the poison from the system, and should be rather encouraged than prevented.

My object in adding the few drops of laudanum in cases of diarrhœa was not with the view of their acting as an astringent, but to allay any irritation and spasmodic pain after the evacuation of the bowels.

I am, Sir, your obedient servant,

October 23rd, 1866. A RETIRED MEDICAL OFFICER.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—It is to be regretted that in the recent correspondence in your journal regarding the improvement of the position of naval medical officers so much of the old class-jealousy, hitherto so detrimental to the service, should have been allowed to reappear.' Beyond everything, the medical officers of the navy, so far as I am aware, are desirous of having their claims considered solely upon their own merits, apart from all other classes of officers serving afloat. That a surgeon is to receive 17*s.* 6*d.* a day on promotion is no reason why a chaplain or a paymaster should receive the same. That a paymaster of the first class receives £700 a year is no reason why a staff surgeon should be equally favoured. Rates of pay of various classes of officers are determined by reasons of an altogether different nature. Comparisons are always odious; but the odium must rest with those who invite them. And this class-jealousy, always contemptible, but most contemptible and annoying when men are thrown so closely together as on board a ship-of-war, has had more to do than almost any other element in rendering the naval service disagreeable.

It is not to be denied that many and great changes for the better have been effected of late years in the position of medical officers afloat. The assistant-surgeon is no longer obliged to herd with a set of noisy youngsters or of rum-drinking old mates; nor when he wishes to read has he to betake himself to a chest in the cockpit. On first entering he assumes at once the position of a man supposed to possess the bearing and education of a gentleman. This alteration, it is well known, has had the happiest effect as regards the class of young medical men who have obtained commissions during the last few years. Most of these are fully conversant with the present state of medicine and surgery and the allied sciences; many of them have run distinguished careers as students in the schools; to many the modern improvements in means of diagnosis, which every year is largely adding to, are as familiar practically as to our young medical officers in civil hospitals; and it may be stated confidently that their general attainments are of a higher standard than were those of the men of the last, infinitely higher than those of the men of the penultimate, generation. Although it is painful to know that one or two Macshanes still exist in the service, the old doctor's mate of the days of Smollett, or even of the first half of the directorship of Burnett, is extinct as the mastodon.

But it is not to be denied, on the other hand, that there is another side to the picture. This knowledge alluded to is gained only by a long and expensive training. While other classes of officers are being paid—not extravagantly, of a surety, but still paid—and trained in the service, the young surgeon is undergoing an education at once toilsome and more expensive than any other professional education, perhaps, beyond the pale of the two great universities. He enters the navy at the age of twenty-two or twenty-three. The whole current of his life is at once, and often rudely, changed. He finds himself under a discipline, even in his own department, of which he had previously no conception—a discipline which, if administered by a man of the Macshane school, will speedily disgust him with the service, and even with his own profession. An expensive outfit at the outset, which, unless he be fortunate, it is likely he may have to pay for by quarterly instalments, commences the list of his cares. As a rule, he foregoes the pleasures of cultivated society, of converse with minds trained to the same habits of thought as his own; the naval mind, speaking generally, not being remarkable for liberal or extensive culture—nay, and I disown all intention of contumely in saying so, showing often a degree of narrowness and ignorance, which, to borrow a well-worn illustration, would have gone far to satisfy Earl Angus. If he have left his home with the view of reaping the pleasures and advantages of foreign travel, he will soon find himself wofully disappointed. The outside of many things, it is true, he will see; but he will speedily find the great ends for which intelligent men travel altogether beyond his reach; and he may congratulate himself if he have not, at the close of his wanderings, attained that frame of mind which Hood ascribes to Rae Wilson, Esq, after his pilgrimage in Palestine—

"Some minds improve by travel; others rather
Resemble copper-wire or brass,
Which grows the narrower by going farther."

The happiness of domestic life is not to be thought of, for years at least. The *res domi* are too narrow for a project of that kind. It is the opinion, moreover, of several wise and worthy men in the service that, as an assistant-surgeon has no position, he should even be restrained from marrying. It is not long ere he begins to look with envy on the lot of his college friend who settled down in a small country practice at home, with just that amount of work which gives zest to leisure, enjoying the increasing respect and confidence of his neighbours, with his household gods around him. The irksomeness of life aboard ship, hardly felt the first few months amid the novelty of scenes and feelings, grows, as this wears away, into a dreary and galling monotony. Change of scene is sought for eagerly, and the days are wearily counted long before the first commission has come to a close. An appointment for a few months to an hospital at home revives all the keenness of his relish for home pleasures, when he is probably sent on another commission of equal length to the coast of Africa or China; and *so da capo*, as the musicians say, with little variation, for twenty-five of the best years of his life.

And yet the authorities at Whitehall marvel why the higher ranks of our young professional men do not contribute to the medical department of the navy in greater abundance—with an ingenuous wonderment it is pleasant to see,—and they dole out what they are pleased to call inducements, which are only sufficient to increase the existing discontent, and to diminish the likelihood of obtaining candidates for their vacant appointments. "Knowledge comes, but wisdom lingers." Old officers, sick with deferred hope, were wont to say, in the bitterness of their disappointment, that Dante's terrible inscription, "Lasciate ogni speranza," should be graven on the gates of the Admiralty. It is not so easy in these days to induce people to walk with open eyes into the conditions of an unnatural life, and assume the fetters of an effete discipline, as it was a quarter of a century ago. But at a small cost, and with small concessions, it is possible and easy to render the naval service comfortable to every class of its officers. With very trifling concessions, indeed, and at a cost almost infinitesimal, it is possible so to change the medical department of the navy, that young men of the highest attainments will be willing and anxious to obtain employment.

Facts, with which your own and contemporary journals are filled every week, demonstrate abundantly the truth of these observations. With much attention and anxiety, therefore, we shall look for the changes which such a condition of things demands so urgently.

I am, Sir, yours ever truly,

October, 1866. MUTATUS.

Southampton.—We have read the letter of Mr. Scrase which appeared in the *Hampshire Independent*. Though it displays some acerbity upon the part of the writer, there is much force in the facts which he adduces, and we cannot condemn him for the course he has pursued. He does not shelter himself under a *nom de plume*, but attaches his name and address to his letter. If his statements be correct (there are easy means of disproving them if otherwise), we think them worthy of the most serious consideration of the governors of the South Hants Infirmary. Nothing is so injurious to a medical institution as anything savouring of favouritism in the selection of the members of its medical staff. Mr. Scrase has fairly thrown down the gauntlet, and we think it should be taken up.

Bibi.—Dr. Wright's work on Headaches.

Professor Syme's "Introductory Lecture to the Course of Clinical Surgery" will appear in our next impression.

Beta.—The Visiting-List for 1866, by order of a bookseller.

POOR-LAW SURGEONS: MIDWIFERY FEES.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "A lately appointed Union Medical Officer," I beg to say that if he has signed the contract, and that contract states that his salary *includes* midwifery attendance on the inmates of the workhouse, or if the advertisement on which he was elected stated that his salary included midwifery attendance, *he cannot recover any fee*. If he has not signed the contract, he can object to sign on any other terms than those of his predecessor (subject to the terms of the advertisement), and he is clearly entitled, under Article 182 of the Consolidated Orders (see Lumley, page 24), to the same fee as was paid to his predecessor, and he can recover it in the County Court as work and labour.

On the same conditions he is entitled to a fee for certifying lunatics in the house (even should they die before being removed to an asylum) as soon as he and the justice or minister have signed, although the Poor-law Board says, not unless he is put to additional trouble in attending on the justice or the minister out of the house. But the question has been tried lately in a County Court, with success (see THE LANCET of September 1st, 1866, p. 283). He is not bound to attend before a justice at the workhouse, as he can always say the hour does not suit him, and he can arrange with the master to convey the lunatic to the justice's residence or to the petty sessions room.

I am, Sir, yours very truly,

November 3rd, 1866. A WORKHOUSE MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—In answer to the queries of "A lately appointed Union Medical Officer," I would strongly advise him to purchase the "Poor-Law Surgeons' Vade-Mecum," by R. C. Walsh, of the Poor-law Board, and published by Renshaw, of the Strand. It is well worth the expense; and not only clearly defines the duties of, and the several fees allowed to, Poor-law surgeons, whether attached to the workhouse or a district, but also contains other useful information upon Poor-law matters.

I am, Sir, yours obediently,

Burbage, Wilts, November, 1866. C. SWABY SMITH, M.R.C.S.

*** We can endorse this recommendation. Mr. Walsh's book is a capital Vade-Mecum.

C. R.—It is not usual to charge for attendance on the servants of a qualified medical practitioner. The circumstance of the gentleman alluded to practising as a dentist we do not think makes any difference in the question, inasmuch as he possesses the diploma of the Royal College of Surgeons of England. Had he been merely a licentiate in Dental Surgery, we believe he would not have been entitled to exception.

Jas. H., L.R.C.P. Edin.—Under certain circumstances the appointment may be held by a gentleman holding only one qualification.

Mr. R. Dowell and *Dr. Richards* shall each receive a private note.

THE SANITARY CONDITION OF SALTBURN.

To the Editor of THE LANCET.

SIR,—In reply to Mr. Cunningham's letter in your journal of last week, I need only say I did not canvass his signature, and was not present when he came to my house and signed the petition.

I am, Sir, yours, &c.,

WILLIAM TAYLOR.

Dundas-street, Saltburn-by-the-Sea, Nov. 5th, 1866.

A Melbourne Surgeon.—Dr. George Bennett, F.R.C.S., now practising at Sydney, received the honorary Gold Medal of the College of Surgeons in 1834. Only four have been awarded.

C. M. B. should apply for the "Memorandum on Disinfectants," published by the Medical Officer of the Privy Council, 8, Richmond-terrace, Whitehall.

HOW TO DECREASE PAUPERISM.

THE Board of Guardians of Bethnal Green complain to the Poor-law Board of the increase of pauperism, and ask for a reduction in their medical staff.

L.S.A.—It would not be safe to do so.

Dr. F. R. Fairbank.—The pressure on our space compels us reluctantly to decline to publish the report, which certainly contains points of interest.

PAIN IN THE SOLES OF THE FEET.

To the Editor of THE LANCET.

SIR,—Will any of your readers advise me what to do? I have been suffering for a length of time past from pain of a dull aching character in the soles of my feet, which become intensely hot on walking or standing a short time. Under the impression that the symptoms were referable to "rheumatism," I have been taking alkalies, iodide of potassium, sarsaparilla, aconite, guaiacum, arsenic, &c., and various other medicines possessing anti-rheumatic virtues, but without relief. I fancy if the feet *perspired* during exercise, instead of becoming *very dry*, that the heat would be much diminished, which is really more distressing than the pain.

Your obedient servant,

October 20th, 1866. DISPENSER.

Philalethes, (Lancaster.)—By reference to the last LANCET, our correspondent will find a case in which an unqualified practitioner was fined by a magistrate in the full penalty for calling himself a surgeon. In the absence of a public prosecutor in this country, it becomes necessary for some person to take the initiative. A summons should be taken out, and evidence given before the magistrate to prove the offence. As the magistrate has summary jurisdiction, the cost of the proceeding would be exceedingly small; and if a conviction took place, the offender would have to pay all charges, in addition to the fine.

Dr. W. H. Stone's paper "On Auscultation" shall, if possible, appear next week.

A Civil Surgeon.—The box is fitted up by Griffin and Sons, 22, Garrick-street, Covent-garden. The price of the box complete is about £9.

"A CRY FOR HELP."

LIST of contributions received in answer to the appeal made under the above heading in the last LANCET.

Per Dr. GULL.

Dr. Tanner	£5	5	0
Dr. William Brace, Bath	1	1	0
Wm. Harris, Esq., Worthing	1	1	0
T. W. Cowell, Esq.	1	1	0
Edwin Sanders, Esq.	2	2	0
J. Moore, Esq., Guy's Hospital	1	0	0
Dr. Wilkinson, Sydenham	1	1	0
An Assistant from Northamptonshire ...	0	5	0
R. D....	0	10	0
A Medical Friend, Newark...	0	10	0
Dr. Gull	10	0	0

Per Dr. G. C. JONSON.

Arthur Cox, Esq., Long Buckby, Rugby...	£5	10	0
Dr. Iuce	1	1	0
T. M. Kendall, Esq., King's Lynn	0	10	0
George P. Helm, Esq., Rugby	1	1	0
W. G. Bacot, Esq., Blandford	1	1	0
W. B. Williams, Esq., 22, Wellington-road, St. John's-wood	1	8	0
— Roberts, Esq., Ashley, Market Drayton	1	1	0
Dr. Geo. C. Jonson	1	1	0
— Hall, Esq., Brompton	1	0	0
Dr. Arthur Davis, Fowey, Cornwall... ...	1	0	0

Per THE LANCET.

J. Erichsen, Esq., Cavendish-place	£1	2	0
Dr. Brabant, Havant	2	2	0
Dr. J. Williams, Pontypool...	0	5	0
Thos. Haddock, Esq., per ditto...	0	5	0
One of them	0	2	6
R. Wade, Esq., Dean-street...	1	1	0
From the Children of F.	0	5	0
J. T. Talient, Esq., Hingham	1	1	0
W. U. Bade, Esq., Slough	1	1	0
Andrina	0	10	0
Dr. D. W. Williams, Menai Bridge	0	5	0
Dr. W. Lewis, English Physician at Homburg	5	0	0
J. P. L.	0	5	0
Dr. Burrows, Cavendish-square...	2	2	0
A Beginner	0	5	0

A Naval Surgeon.—Professors Owen and Huxley were both in the Royal Navy, the former as a combatant, and the latter as a medical officer. Mr. Owen received his medical education at St. Bartholomew's, and Mr. Huxley at the Charing-cross Hospital.

Dr. Tilt's request shall receive early consideration.

Junior.—By courtesy certainly, and it may be by right; but this has never been decided by a legally constituted tribunal.

Mr. W. Wilson.—We must decline to insert the notice.

Mr. Thos. Guy.—The subject for the Astley Cooper Prize (the 9th triennial), to be awarded in 1868, is "Pyæmia." The value of the Prize is £300. For information respecting the Jacksonian Prizes, write to the Secretary of the College.

R. J. F., (Regent-street.)—We will take an opportunity of inspecting the board or "eyesore" complained of by our correspondent.

Dr. Grailly Hewitt's "Clinical Remarks" shall appear, if possible, next week.

THE DUNDEE ROYAL INFIRMARY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 20th and 27th an advertisement appears from the "Dundee Royal Infirmary. Wanted, a qualified medical man to act as resident medical superintendent of the infirmary. Salary £150 per annum, with bed, board, and washing."

I wrote to a medical friend in that locality to inquire respecting the appointment, and I think it my duty to place his reply before your readers, in order that candidates for this appointment may know what sort of place Dundee is:—

"With regard to the Dundee Infirmary, you must not think of it. A very bad malignant typhus fever has raged for some years in Dundee. The place is thoroughly overcrowded with the lowest classes. In consequence, the infirmary is always full of bad typhus fever cases, and no less than four medical superintendents have died within a year or two. I suppose they advertise in THE LANCET because no one can be had in Scotland, several of the practitioners of the place having fallen victims, and others having narrowly escaped, after having fever two or three times. Dundee is a dirty, miserable place, and the head people there—rich manufacturers—seem to be utterly regardless of the condition of the town."

I am, Sir, your obedient servant,

October 31st, 1866. MEDICUS.

P.S.—I send my name and address.

M.D., (Stockwell.)—By writing to the Secretary of the Government Emigration Board, Park-street, Westminster, our correspondent might obtain what he desires. The remuneration is by head-money. The return passage fee would be £20, paid by the Board; but by remaining in Australia that sum would be forfeited. Try TEXAS. Dr. Edward Smith's little book points out in glowing terms great advantages to the medical man.

MEDICAL LOYALTY.

THE following strong argument in favour of the loyalty of physicians appears in the columns of *Notes and Queries* for July 7th, 1866:—

Question.

"Can you explain to me
Why all physicians take
A guinea for their fee,
When we no guineas make?"

Answer.

"Oh yes! the reason's plain:
They are loyal, and unwilling
That a sovereign e'er again
Should be left without a shilling."

S. T. P.

H. A. B.—We must leave the contested question with the two young rising surgeons.

Dr. Leslie (Alton) is thanked.

M.R.C.S., (Kensington.)—John Hunter resided at Earl's Court, then his country seat. Palmer's edition of the works of Hunter.

THE RICHARDSON TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—In your impression of Saturday last, a correspondent, "F.R.C.S.," calls attention to the unfairness of the Honorary Secretaries placing the names of the gentlemen who have contributed to the above Fund in the order of the amount of their subscriptions.

I quite agree with "F.R.C.S." and think that the names should have been in alphabetical order. I feel this the more as, one of the smallest contributors, my name should have been placed at the end of the list, as at the time I gave what I could very ill afford, and consider that when one does so it tells as much for the principle of the individual as of the more affluent contributor, who can perhaps more easily spare his ten or fifteen guineas.

I hope this error in any future list will be avoided, and that you will lend your aid in pointing out the mistake in the present instance.

I am, Sir, yours faithfully,

November 5th, 1866. A POOR M.D.

To the Editor of THE LANCET.

SIR,—As one of the Honorary Secretaries to the Richardson Testimonial Fund, who, according to "F.R.C.S.," made the mistake of not placing the names in alphabetical order, I write to inform your correspondent that the names of the subscribers are arranged in alphabetical order in other journals. The reason why this was not done in THE LANCET was for speed, as the advertisement was kept back until the last moment in order that the names of any fresh subscribers might be added to the list.

I trust that "F.R.C.S." will accept my excuse, and not keep his guinea in his pocket the next time he is asked.

I remain, Sir, yours, &c.,

Surrey-street, W.C., Nov. 7th, 1866. R. WILLIAM DUNN.

NOISES IN THE EARS.

To the Editor of THE LANCET.

SIR,—According to my experience, I believe that by far the most common cause of noises in the ears is chronic or subacute dyspepsia.

Let "Chirurgans" or anyone suffering similarly treat themselves as follows, and report the result. Let them leave off all stimulants and narcotics, live simply but well, take plenty of exercise in the open air, and retire to bed regularly at an early hour. Mercury pill, two grains; compound rhubarb pill, two grains and a half; ipecacuanha powder, half a grain: make into twelve pills. Let them take of these alterative pills, two the first night, and one or two every other night thereafter, observing that the action is not more nor less than alterative and mildly aperient; and of the following mixture let them take a dessert-spoonful in water thrice daily after food:—Dilute nitro-hydrochloric acid, two drachms; fluid extract of taraxacum, three drachms; tincture of ginger, half an ounce; simple syrup, two ounces; compound infusion of oranges, sufficient to make a six-ounce mixture.

Without knowing more of a patient than that his two external meati are patent, and that there is every reason to believe that no actual organic change has taken place, then I should expect great, if not complete, relief to the tinnitus aurium of your correspondents from the above simple means.

Faithfully yours,

Liverpool, November 5th, 1866. THOS. SKINNER, M.D.

VOLUNTEER SURGEONS.

THE *United Service Gazette*, writing in reference to the complaints of Drs. Griffith and Ree in THE LANCET, says:—

"The medical officers of the Volunteer corps who recently visited Brussels are anything but pleased with Lieutenant-Colonel Lindsay for omiting their names from the lists sent in to the Belgian Court for invitations. We fear that this is a habit with 'The Guards,' even with their own medical officers. We have had numerous complaints from medical officers of the brigade respecting the omission of their names from the invitation list at Windsor Castle."

The *Pall Mall Gazette* also remarks:—

"The only voice of discontent which we hear raised about the Brussels fêtes is from the Volunteer surgeons, of whom two complain loudly that they were 'insulted,' in being passed over for invitations to dinners and fêtes which were issued to the combatant officers of equal or lower rank. Their complaint is not with the Belgian authorities, who seem to have acted in this as in other matters connected with the receptions at the Tir with faultless courtesy. The charge of incivility lies against Colonel Lindsay, who no doubt has a reason to offer for the omission complained of."

A Provincial Student.—The list was published in THE LANCET last week. The gentlemen who visited the examinations on Saturday were Professor Sharpey and Mr. Cooper.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Syme, Edinburgh; Mr. Erichsen; Dr. B. Sanderson; Dr. Burrows; Dr. Camps; Dr. Grally Hewitt; Dr. Sieveking; Dr. W. H. Stone; Dr. Brabant, Havant; Mr. Weston; Dr. Allen; Dr. Archibald, St. Andrews; Mr. Harrold, Derby; Dr. Dickie, Alloa; Dr. Eastlake; Mr. Turley; Mr. Blanchard; Mrs. Yell; Mr. Bensley; Dr. Fotherby; Dr. Murray; Dr. Fenn; Dr. Hicks, Brighton; Mr. Cox; Mr. Johnstone, Stirling; Mr. G. Machen; Mr. Wade, Rochford; Dr. Martin; Mr. Jacobson, Sleaford; Mr. Davison; Mr. Argles; Mr. Ray; Mr. Cowen; Mr. White; Mr. M'Kinnel, Dumfries; Dr. Fairbank, Hulme; Dr. Constable, Dalverton; Mr. Barry; Mr. Dewar; Mr. Rowe; Dr. Coales; Mr. Hibberd; Mr. Evans, West Bromwich; Dr. Mackintosh; Mr. Parsons; Dr. Yeld, Sunderland; Dr. Williams; Mr. Hardinge; Mr. Ward, Aberdeen; Mr. Henry; Mr. Newby; Mr. Dowell, Hindeswell; Mr. Coghlan; Mr. Legge; Mr. Tallent, Hingham; Mr. Kemm; Mr. Ryland; Mr. Smith, Burbage; Dr. Griffith; Mr. M'Williams; Mr. Taylor, Saltburn; Dr. Leslie, Alton; Mr. Coombs; Mr. Bade, Slough; Mr. R. W. Dunn; Mr. Byles; Dr. Cooper; Mr. Strange, Gloucester; Dr. Arminson, Preston; Mr. Atkinson, Saltburn; Mr. Turton; Mr. C. Royston; Dr. Althaus; Mr. A. Brace; Mr. Atwood; Dr. Skinner; Mr. Morley; Dr. Warden, Edgbaston; Mr. Field, Cranborne; Mr. Cæsar; Dr. Holl, Ovenden; Mr. Keene; Mr. Peake, Tunstall; Mr. Bell; Mr. Witherby; Dr. Jamieson, Preston; Mr. Ralph; Dr. Young, Cosbridge; Mr. Fitzjohn; Mr. Danielson; Mr. Matthews; Mr. Alsop, Harborough; Dr. Savory; Mr. Sutton; Mr. Shapland; Dr. Richards; Dr. Fowler; Dr. Lewis, Hornburgh; Dr. Young, Bridgnorth; W. R.; One of them; L.S.A.; J. C.; A Beginner; Junior; Microscopical Society; R., Hexham; A Graduate who has no Friends to get him a Degree without Study; S. N.; J. P. L.; The Children of F.; B.A., M.D.; Bile; A Poor M.D.; Philalethes; Medicus; Andrina; A Constant Reader; A Public Vaccinator; H. E.; Anthropological Society; Y., Llandovery; Fiat Justitia; &c.

THE *United Service Gazette*, the *People* (Wexford), the *Thanet Guardian*, the *Merthyr Telegraph*, the *Cardiff Times*, the *Cambria Daily Leader*, and the *Middlesex Chronicle* have been received.

Medical Diary of the Week.

Monday, Nov. 12.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Victor de Mérie, "On some of the Sequelæ of Syphilis."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Opening of the Session; Address by Dr. Jenner.

Tuesday, Nov. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Spencer Wells: "Ovariotomy twice successfully performed on the same Patient."—Mr. Solly, "On a Case of Fracture of the Ribs, with peculiar Tympanitic Resonance."

Wednesday, Nov. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council.—8 P.M. Dr. Hughlings Jackson, "On a Case of Abscess of the Brain."
MICROSCOPICAL SOCIETY OF LONDON.—8 P.M.

Thursday, Nov. 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Debate "On Cholera."

Friday, Nov. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Nov. 17.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.